CMP
Business Media

Chemist&Druggist
The Newsweekly for Pharmacy

C&D

6 April 2002

N Ireland sets out 2002-03 health plans

C&D Price List goes on line on Intr@Pharm

Generic review taking in 'other factors'

Powering up your pathways to pain relief

There are easier ways to clear a hayfever head

Nothing beats Beconase Hayfever for getting rid of blocked up, groggy hayfever heads.[1]

Unlike antihistamines, Beconase Hayfever has a direct anti-inflammatory action on the whole hayfever response.[2] That's why it relieves that unpleasant groggy headed feeling as well as classic hayfever symptoms.

Help put a stop to hayfever heads, eyes and noses. Start Beconase Hayfever, clear and simple.

BECONASE *hayfever*™

beclomethasone dipropionate

CUTTING HAYFEVER DOWN TO SIZE

Beconase Hayfever Product Information:
Presentation: Aqueous nasal spray containing 50 micrograms beclomethasone dipropionate per spray **Uses:** Allergic rhinitis. **Dosage and administration:** Intranasal use only. *Adults aged 18 and over:* Two sprays into each nostril every morning and evening **Contraindications:** Hypersensitivity **Precautions:** If symptoms have not improved after 14 days use consult a doctor. Do not use continuously for longer than 3 months without consulting a doctor. Risk of adrenal suppression with use of higher than recommended doses. Precaution in presence of nasal infection. Avoid in pregnancy and lactation, unless otherwise directed by a doctor. **Side effects:** Dryness and irritation of the nose and throat, unpleasant smell and taste and epistaxis have been reported rarely. Rare cases of raised intraocular pressure or glaucoma and nasal septal perforation have been reported. **Hypersensitivity reactions:** Systemic effects may occur, particularly when used at high doses for prolonged periods. **Legal category:** P. **Retail selling price:** (ex VAT) 100 spray £5.10; 180 spray £7.65. **Product licence number:** 10949/0093. **Licence holder:** Allen & Hanburys Limited, Uxbridge, Middlesex UB11 1BT. Further information available on request from Medical and Consumer Affairs GlaxoSmithKline Consumer Healthcare U.K., GSK House, Brentford, Middlesex TW8 9GS. **Date of preparation:** March 2001. BECONASE HAYFEVER is a trademark of the GlaxoSmithKline Group of Companies. © GlaxoSmithKline, 2001.

References: 1. Weiner *et al.* Br Med J 1998; **317**: 1624-9
2. International Rhinitis Management Working Group. International consensus report on the diagnosis and management of rhinitis. Allergy 1994; **49**(suppl 19): s1-s34.

www.dotpharmacy.com

Chemist & Druggist

The Newspaper for Pharmacy

Volume 257 No 6336
142nd year of publication
ISSN 0009-3033

Editor
Patrick Grice, *MRPharmS*
Assistant Editor
Guy L'Amable, *BA*
News Editor
Charles Gladwin, *MRPharmS*
Business Editor
Nina Keller-Henman, *Dipl Biol*
Clinical Editor
Vanessa Sherwood, *MRPharmS*
Contributing Editor
Adrienne de Mont, *FRPharmS*
Marketing Editor
Sarah Thackray
Reporter
Gary Paragpuri, *MRPharmS*
Production Editor
Fay Jones, *BA*
Editorial secretary
Jan Powis
Editorial (tel): 01732 377487;
(fax): 01732 367065;
chemdrug@cmpinformation.com
Price List
Colin Simpson (Controller),
Darren Larkin, Maria Locke
Price List (tel): 01732 377407
(fax): 01732 377559
Group Advertisement Manager
Julian de Bruxelles
Group Advertisement Executives
Quentin Soldan, Mark Walley
Classified Executive
Debra Thackeray
Advertisement secretary
Elaine Steele
Advertising (tel): 01732 377621,
(fax): 01732 377179
Production
Katrina Avery
Publishing Director
Fergus Wilson
Special Projects Manager
Steve Bremer *MRPharmS*

Published Saturdays by
CMP Information Ltd,
Sovereign Way, Tonbridge,
Kent TN9 1RW

C&D on the internet at
http://www.dotpharmacy.com/

Subscriptions: (Home) £150 per annum;
(Overseas & Eire) $369 per annum including postage, £2.60 per copy (postage extra)
Additional Price List: £100 per annum

Circulation and subscription:
CMP Information Ltd, Tower House,
Sovereign Park, Lathkill St, Market
Harborough, Leics LE16 9EF
Telephone: 01858 438809
Fax: 01858 434958

Refunds on cancelled subscriptions will only be provided at the publisher's discretion, unless specifically guaranteed within the terms of subscription offer.

The editorial photos used are courtesy of the suppliers whose products they feature.

PPA
ABC
CMP
United Business Media

News

Regulars

Premises

Features

Targets are set for medicines management

Medicines management schemes delivered from at least 30 per cent of community pharmacies is one of the targets in this year's Northern Ireland health and social care plan.

Health minister Barbre de Brún is also calling for health boards to include anti-smoking policies in their commissioning programmes and to continue developing smoking cessation services in line with departmental guidance.

The health and social care plan for 2002-003, unveiled last week, points out that the Department has committed itself to initiate work on a new community pharmacy strategy in its corporate plan 2001-04.

This "will explore ways in which community pharmacists can use their particular skills to enhance their contribution to improving health and wellbeing", says the new plan.

Boards and trusts are being asked to ensure that plans are in place to begin implementing the review of clinical pharmacy services by June 30.

Plans should take account of the recent Audit Commission report *A spoonful of sugar*, the document says.

Other priorities set out in *Priorities for action 2002/2003* are:

- to establish 15 new local health and social care groups this month
- to maintain high levels of immunisation – with 70 per cent uptake of flu immunisation among people aged 65 years and over, and 60 per cent uptake in those aged under 65 but specially indicated
- to begin implementing by June 1 the Department's three-year antimicrobial resistance plan (issued in January)
- to work to maintain the 80 per cent rate for GP practices using repeat prescribing written protocols
- to promote safe, cost-effective prescribing of benzodiazepines and to promote the use of protocols in general practice to monitor and review patients on antidepressant medication
- to promote the appropriate use of ulcer-healing drugs in primary care
- for LHSCGs to work with primary care professionals to encourage a systematic approach to identify people at high risk of coronary heart disease, together with appropriate treatment, monitoring and follow up.

For more information:

www.dhsspsni.gov.uk

SCOTLAND

Scottish pharmacists 'need more involvement'

Scottish community pharmacists need to "network" into local healthcare co-operatives (LHCCs) in order to influence future primary care policy, says the Royal Pharmaceutical Society in Scotland.

"The signal is that LHCCs will be more important in the future in terms of delivering primary care and pharmacists need to be involved or it will be difficult to influence policy," said Alison Strath, RPSiS chairman.

LHCCs need to be more representative of primary care by engaging a wider range of professions, she said, commenting on the Scottish Primary Care Modernisation Group's (PCMG) report into best practice in primary care (*C&D, March 30, p4*).

Alison Strath

The strategy on premises needs to be examined because, in the past, "investment has been heavy in GP practices compared to pharmacy and dentistry," she said.

However, Ms Strath, a member of the PCMG, welcomed the report. "It is a good building block and an exciting opening for pharmacy. The Society is delighted that community pharmacy is seen as an integral part of the primary care team," she said.

Published last month, the report, *Making the Connections: Developing Best Practice into Common Practice*, calls for "integrated working between community pharmacists and GP practices" and says there is "a need to review the role of community pharmacists".

This month's Update question paper enclosed

Enclosed in this week's issue is the questionnaire (2228) for the March *Pharmacy Update* modules:

- Angina (1228)
- Central nervous system (1229)
- Gastro-oesophageal reflux (1230)

Pharmacy Update is a distance learning programme accredited by the College of Pharmacy Practice. Previous modules can be accessed on the dotPharmacy website, www.dotpharmacy.com.

Further information about enrolling for *Pharmacy Update* is available from Mary Prebble on 01732 2269. The Pharmacy Update multiple choice questionnaire and telephone marking service are supported by Cerus Pharmaceuticals.

PRESCRIBING

Announcement on prescribing 'imminent'

An announcement on supplementary prescribing for pharmacists is imminent, according to Beth Taylor, pharmacy manager for Southwark PCT and member of the NHS modernisation board.

"This will be the first stage in pharmacists' involvement as one of the new range of prescribers. We should take comfort from the fact that pharmacists will be the first group of professionals, after nurses, to take on this role," she said at the Avicenna conference in Istanbul last weekend (*see also p16/17*).

Ms Taylor understands there will not be rigid criteria about which pharmacists prescribe. However, pharmacists will have to have some sort of prescribing partnership with an independent prescriber and be able to demonstrate access to patient records. "This will be an issue for community pharmacy but if we can overcome those problems I'm confident we can make progress," she said.

The definition of supplementary prescribing that might be included in the guidance is: "A voluntary prescribing partnership between the responsible independent prescriber and a supplementary prescriber to implement an agreed clinical management plan with the patient's agreement, particularly in relation to a specific enduring condition or health need affecting the patient."

Ms Taylor said the management plan will not define a particular drug or dosage. "It will be up to the supplementary prescriber to make those kind of decisions based on their clinical assessment of the patients needs."

Supplementary prescribing will be targeted at specific, enduring conditions. "We are expecting this to be a new tool in the management of chronic diseases."

Her Majesty Queen Elizabeth the Queen Mother's links with pharmacy included opening the Pharmaceutical Society's "exciting" new headquarters in Lambeth in February 1977. This, she said, "symbolises the change in pharmacy which is now virtually complete – the change from an art to science". Her late husband, King George VI, had granted Royal Patronage to the Society in 1937. Her Majesty, as Chancellor of the University of London, had also opened the School of Pharmacy in Brunswick Square after its transfer from the Society's old Bloomsbury headquarters. The late Queen Mother is pictured at the Society's opening, (from left): signing the new visitor's book with PSGB president Jim Bannerman; speaking to Mr Bannerman and Roy Jones, chairman of the Society's Welsh Executive; and admiring the Society's drug jar collection

C&D Price List goes online

The *C&D Price List* is now available in an electronic format via the NPAnet and Intr@pharm, the pharmacy intranet provided by IMS.

While resembling the printed version of the monthly *Price List*, the online version incorporates the weekly *Price List* supplement and the six-monthly *C&D Generics Guide*. It also offers a database search function which can be used to identify:

- price changes week by week for the past month
- products by brand, ingredient, PIP codes or category
- all of a manufacturer's listed products
- addresses and contact details of manufacturers or wholesalers.

A new facility to calculate retail price mark-up and profit margins is also provided online.

Information on the site will be updated weekly in line with the printed versions.

The service will be available free of charge to all *C&D* subscribers, including multiples.

Subscribers will need their unique reader number, which appears in the address label of their weekly issue of *C&D*, on the first occasion they access the site.

C&D editor Patrick Grice said: "This is the first phase of a project which aims to make the *C&D Price List* as useful and flexible online as it is on the counter.

"It also underlines *C&D*'s long-term commitment to the price list and the PIP code."

The NPAnet (npanet.co.uk) has a direct link through to www.intrapharm.com and a link from *C&D*'s dotpharmacy site is due to go live in a few weeks time.

For technical support:
Tel: 0298 357 5757
e-mail: enquiries@candnet.com

New HA oxygen budgets announced

Oxygen funding for equipment and services has been allocated to the 28 new health authorities.

In a letter sent on March 25, the Department of Health reminded the new HAs that primary care trusts will be taking over responsibility for pharmaceutical services in October, subject to the passage of the NHS Reform and Health Care Professions Bill through parliament.

Before then, HAs will remain responsible for domiciliary oxygen therapy services but will be asked to apportion their allocations between PCTs in anticipation. The new HAs are also reminded the fees to be paid to pharmacies for oxygen services are for each authority to determine locally, after consultation with the local pharmaceutical committee.

The guidance points out that pharmacies are now able to provide oxygen services across HA boundaries. Payment will be made by the HA in which the pharmacy is situated, and not where the patient lives.

"There should not be any instances of HAs paying pharmacies situated in other HA areas for oxygen services," says the DoH.

"But if there are such arrangements, they should also be brought to an end, and the pharmacies concerned should, instead, claim payment from the HA for their own area.

In total, the DoH is making £2.31 million available in England for the hardware budget and £10.71m for the service budget for domiciliary oxygen supply.

For more information:
www.doh.gov.uk/oxygen/index

Patients take OTCs with prescribed analgesics

Failure to provide adequate pain relief can lead to patients taking over-the-counter medication in addition to their prescribed drugs, claims a report in *Current Medical Research and Opinions*.

A quarter of the 2,000 GPs in the study limit NSAIDs due to concerns over their gastro-intestinal safety profile, yet 85 per cent of GPs report that patients had experienced breakthrough pain. A quarter of the 30,000 patients with osteoarthritis (OA) questioned admitted taking OTC medication in addition to their prescribed drugs. The most popular OTC medicines are paracetamol (49 per cent) and ibuprofen (23 per cent).

Sixty per cent of GPs claimed to be dissatisfied with NSAIDs and are using low doses to reduce the risk of side-effects. Nearly a third said they were concerned about litigation from a patient who had experienced a bleed.

The study is calling on GPs to re-examine their medical management of OA and to consider the use of COX-2 selective inhibitors. However, last year the National Institute for Clinical Excellence said COX-2 selective inhibitors should not be used routinely in patients unless there was a high risk of GI problems.

Current Medical Research and Opinions
Vol 18, No 2, 2002; 92-96

Scots law will introduce new appliance category

Scotland has legislated to introduce a category of appliance, the 'restricted availability appliance'.

The same statutory instrument also extends the types of nurse practitioner who may prescribe to include midwives.

'Restricted availability appliance' is defined as an appliance that is approved for particular categories of person or for particular purposes only. This means that such appliances will be available only on prescription to patients falling within limited categories or for certain uses, as set out in the *Drug Tariff*.

Doctors and nurse prescribers will have to mark such prescriptions 'SLS'.

The SI also deals with an emergency supply of such appliances, so emergency supply will not be allowed if the required restricted availability appliance contains scheduled or controlled drugs.

For more information:

www.hmso.gov.uk/legislation/scotland/ssi2002/20020111

Scottish Statutory Instrument 2002 No 111 The NHS (General Medical Services and Pharmaceutical Services)(Scotland) Amendment Regulations 2002. ISBN 0 11061194 2.

NPA offers secure data back-up service

Pharmacists are being offered a secure back-up facility for their patient medication records through a new service provided by the National Pharmaceutical Association.

Pharmacy dataSAFE, developed by IMS Health, is available through NPAnet and Intr@pharm. It allows pharmacists to back up data relating to patients on a remote server held at IMS. The NPA said pharmacists risked losing irretrievable data by not backing up their PMR system frequently enough.

"This demonstrates pharmacy's commitment to securing the vital and sensitive data that we keep on behalf of our patients, thereby paving the way for greater integration with other healthcare professionals," said John D'Arcy, NPA's chief executive.

He added that the creation of secure, regular back-ups would be a key feature of the electronic transmission, handling and pricing of NHS prescriptions, which was due to become the norm soon.

For more information :

www.npanet.co.uk

Two PharmD students from the Mercer University Southern School of Pharmacy in Atlanta, Georgia, are in Scotland for five weeks to visit different pharmacy facilities around the country. This is part of an Institutional Practical Experience programme, which forms part of their course. Pictured are: Glasgow pharmacist Dr Lee Kayne with Charla Bartrum (centre) and Anna Taylor (left)

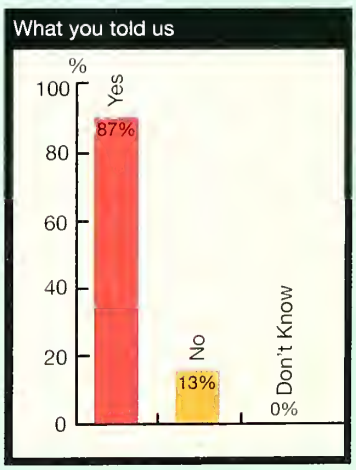
Questiontime

The British Association of Pharmaceutical Wholesalers claims there is a shortage of generics. How would you rate the current situation?

Normal · Some shortages · Some shortages but getting worse · Acute problem

You can record your vote on our website: *www.dotpharmacy.com* Question Time appears on the home page. Select your answer and then click on the "vote" box. Your answer is automatically collated. You have until noon on April 9 to cast your vote. We will publish the results in *C&D*, April 13.

Last week we asked you: Do you think the Government should make sunscreens VAT free?



PRACTICE

Ailments scheme a success

A Tyne & Wear scheme in which GP practice nurses and receptionists refer patients with minor ailments to a pharmacy instead of a GP has attracted wide interest.

Dr Ian Spencer, primary care director, Newcastle and North Tyneside Health Authority, has received nationwide requests for information about a scheme that started as a four-month pilot but has been running for 16 months. The pharmacist intervention costs an average £6 compared with the average £10 cost of a prescription item plus fees.

Dr Spencer is trying to persuade primary-care trusts to continue funding the scheme and extend it to more GPs and pharmacists. "It's a fairly simple intervention that works and is cost effective." Dr Spencer has given a presentation to the British Medical Association's working group on the new GP contract, which is looking into ways of resolving GP workloads.

POLICY

Call to cut charges

The Association of Community Health Councils for England and Wales (ACHCEW) is urging the Government to reduce prescription charges and to address inconsistencies.

A new report, *A Tax on Illness*, criticises the "inequity" whereby certain illnesses warrant free prescriptions and other do not, and methods of packaging that result in several charges rather than one.

The Government should redesign exemption criteria and voucher schemes to reduce the hardship felt by those on long-term medication, says ACHCEW.

The report says that charges could be justified if they were to cut wasteful over-use or reduced ineffective treatments.

But "research has confirmed that such a blunt instrument will not achieve such smart results".

For further information:

A Tax on Illness (£7.50) from Estelle Kiss 020 7609 8405.

INTRODUCING THE NEW FYBOGEL VALUE PACK

FYBOGEL JOINT ESSENTIAL INFORMATION

Active Ingredients: A unit dose (one sachet or two level 5ml spoonfuls) contains 3.5g ispaghula husk BP. It also contains aspartame. **Indications:** Conditions requiring a high-fibre regimen, e.g. relief of constipation, including constipation in pregnancy and the maintenance of regularity; for the management of bowel function in patients with colostomy, ileostomy, haemorrhoids, anal fissure, chronic diarrhoea associated with diverticular disease, irritable bowel syndrome and ulcerative colitis. **Dosage Instructions:** To be taken in water. Adults and children over 12 – one sachet or two level 5ml spoonfuls morning and evening. Children 6 to 12 – half to one level 5ml spoonful of the granules depending on age and size, morning and evening. Children under 6 – to be taken only on a doctor's advice. **Contra-indications:** Fybogel is contra-indicated in cases of intestinal obstruction, faecal impaction and colonic atony such as senile mega-colon. **Precautions and Warnings:** Fybogel contains aspartame and should not be given to patients with phenylketonuria. Fybogel should not be taken in the dry form. **Side Effects:** A small amount of bloating and flatulence may sometimes be experienced during the first few days of treatment, but should diminish on continued use. **Recommended Retail Price:** Ten sachets – £1.86 ex VAT, 150g – £5.10 ex VAT. **Marketing Authorisations:** Fybogel (0063/0023), Fybogel Orange (0063/0026), Fybogel Lemon (0063/0024). **Supply Classification:** Through registered pharmacies only. **Holder of Marketing Authorisations:** Reckitt Benckiser Healthcare (UK) Limited, Dansom Lane, Hull, HU8 7DS. **Date of Preparation:** March 2002. Code No: F13/02. Fybogel, Fybogel Orange, Fybogel Lemon, the Fybogel logo, and the sword and circle symbol are trademarks.

An increase in sales will be the shape of things to come

- Convenient
- Economical
- **24%** saving for regular customers*
- On national TV for 6 months

So stock up and recommend the NEW Fybogel value pack

0500 208 209

Completing the picture in constipation... *naturally*

Fybogel ORANGE ispaghula husk BP

* At RRP – compared with RRP of 10 sachets

THE WORLD'S BIGGEST SELLING 2ND GENERATION ANTIHISTAMINE[1] JUST KEEPS GROWING AND GROWING[2]

Zirtek sales have increased markedly year on year. And this year should be no exception. With a new international television commercial and over a million pounds to spend on airtime, another big increase in sales is on the cards. So be prepared. Stock up big time.

Contact Ceuta Healthcare on 01202 780558.

ZIRTEK ALLERGY.
PRESENTATIONS: White oblong, scored, film-coated tablet engraved Y/Y containing 10 mg cetirizine hydrochloride. **USES:** Treatment of seasonal and perennial rhinitis and associated conjunctivitis. **DOSAGE AND ADMINISTRATION:** Adults and children [illegible] years and over: 10 mg once daily. In renal insufficiency halve the dose to 5 mg once daily. Tablets may be taken with or without food. **CONTRAINDICATIONS:** Hypersensitivity to constituents. Avoid in severe renal impairment and dialysis patients. **PRECAUTIONS:** Do not exceed recommended dose, [illegible] driving or operating machinery. **DRUG INTERACTIONS:** To date there are no known interactions with other drugs. As with other antihistamines avoid excessive alcohol consumption.
SIDE EFFECTS: [illegible] transient drowsiness, headache, dizziness, agitation, dry mouth and gastrointestinal discomfort have been reported.

PACKING, PRICE: Pack of 7 tablets = £4.45 (R.S.P.).
LEGAL CATEGORY: P
PRODUCT LICENCE NUMBER: Tablets 08972/0032.
MARKETED BY: UCB Pharma Limited, Watford, Herts, WD18 0UH.
REFERENCES:
1. IMS Health Midas standard units sold July 2000 - June 2001.
2. IMS RSA November 2001
FOR FURTHER INFORMATION PLEASE CONTACT: UCB Pharma Limited, UCB House, 3 George Street, Watford, Herts, WD18 0UH. Telephone (01923) 211811. Facsimile (01923) 229002.
DATE OF PREPARATION: March 2002
UCB-ZA-02-101

BPSA

Students veto OTC promotions

The Q & A panel (from left): Clive Jackson, John D'Arcy, Digby Emson, Alison Strath and Nicola Wake

The British Pharmaceutical Students' Association has voted for a ban on promotional offers for OTCs.

Students at the 60th annual BPSA conference, in Glasgow last week, argued such promotions encourage stockpiling, with its risk to children, and there were claims that OTC medicine abuse had increased since the demise of resale price maintenance.

Other motions carried included:

- herbal medicine interactions should be included in the British National Formulary
- efforts should be made to portray pharmacists in a more positive light in television programmes
- sanpro should be exempt from VAT
- medicines packaging should be reviewed to avoid medication errors.

A question and answer session was chaired by Boots' pharmacy superintendent Digby Emson, and featured NPA chief executive John D'Arcy; RPSGB Scottish Executive chairman Alison Strath; Nicola Wake, of the UKCPA; and National Prescribing Centre director Clive Jackson.

Asked whether management or business modules should be included in the undergraduate syllabus, Ms Wake and Mr Jackson suggested that pharmacists are naturally good managers, but leadership skills should be stressed and developed more in the workplace. Mr D'Arcy was alone in believing that such modules should be included on courses in order to produce better pharmacist managers and business-owners of the future. The general consensus was that this topic should be offered as a module for continuing professional development.

Anna Watson, of Cardiff University, was declared the Reckitt Benckiser Student of the Year, winning an expenses paid trip to the IPSF Congress in Budapest.

The conference also celebrated BPSA's Diamond Anniversary, to which Glasgow sixth form students interested in pharmacy as a career were invited. An exhibition traced BPSA's 60-year history, including the narrowly defeated motion in the 1960s that "the influx of women into the profession is deplorable and in part responsible for the profession's decline".

Future pharmacists hit the streets of Glasgow in some imaginative guises. Bagpipes, a whisky bottle, a thistle and a Highland cow were among the outfits at the welcome party with a Scottish theme. A charity pub crawl featuring tarts and vicars, cavemen, freaks and vampires collected £1,259 for the Children's Hospice Association of Scotland, while a 1920s gangsters and molls evening raised a further £550.

Next year's conference will be in Cardiff.

Kavita Gupta from Portsmouth Unversity was declared the winner of the Johnson and Johnson Patient Counselling Competition. She is pictured (centre) collecting her prize from David Mitchell (J&J.MSD) and Emma Hughes (BPSA Membership secretary)

New officers

Andrew Christopherson (ex-Strathclyde) has been elected BPSA's new president and Claire Sears (Cardiff) vice-president.

NPA view

P to GSL: help stem the flow

Michelle Styles, head of information at the National Pharmaceutical Association, suggests more comprehensive ADR reporting for OTC medicines might stem the steady stream of P to GSL switches

It seems that barely a month goes by without an MLX consultation letter from the Medicines Control Agency landing on my desk proposing yet more P to GSL switches. If I were paranoid, I'd think the P category was used as a means of testing the market for future sales of a medicine before moving it on to GSL.

Under the present system for reclassification of medicines, the Committee on Safety of Medicines is consulted first and, if there are no concerns about the medicine's safety, the Committee advises that the medicine can safely be made available for general sale. Here pharmacists can play a valuable role in ensuring the CSM has all the necessary information to aid its advice!

If a medicine has been available as a Pharmacy medicine for several years with no reports of suspected adverse reactions, the CSM will take it into account when deciding whether the medicine is safe as a GSL.

Since 1999, all community pharmacists in the UK have been entitled to report suspected adverse drug reactions (ADRs) via the 'yellow card' scheme. But despite promising results from the pilot schemes, the number of reports from community pharmacists remains disappointingly low.

Community pharmacists are in an ideal place to report suspected ADRs related to over the counter medicines. They have the training, a proper knowledge of medicines and are the only healthcare professional in any real position to monitor the usage of OTC medicines.

They are often the person with the most informed knowledge of a patient's complete medication history and are particularly well placed to recognise ADRs associated with OTC medicines, herbal products and other food supplements, as patients often don't admit to the medical profession that they are taking such items.

Many pharmacists assume that because a medicine has been around for years, all adverse reactions to it will be well known and documented. Under these circumstances, there is some understandable reluctance to report something that may be a well-known ADR.

However, some older products have never been Prescription Only and have never been scrutinised by the post-marketing surveillance process, so it is likely that some ADRs to these medicines are not well documented. Only recently, I encouraged a member to send in a yellow card report for a suspected adverse reaction to an NRT product. Would this ADR have been picked up in a corner store or garage?

If more ADRs to OTC medicines (and particularly to P medicines) were reported to the CSM, then more concerns might be raised about the safety of OTC products and perhaps we could go some way towards stemming the flow of P to GSL reclassifications.

Hunt promises no rash decisions on generics

Lord Philip Hunt, the health minister, has promised pharmacists that he will look at the wider picture before making any decision regarding a future reimbursement system for generics.

"No decision will be made on generics without having regard to the other factors which may have a significant effect on community pharmacy, specifically the OFT inquiry into control of entry regulations and progress on a new pharmacy contract," Lord Hunt said.

The Department of Health added that discussions with stakeholders about the best way forward were continuing.

Meanwhile, the British Association of Pharmaceutical Wholesalers claims some generic suppliers are hoarding stock because they feel that prices could rise if the Government were to change the generic reimbursement system.

BAPW's chairman, Stephen Simms, speaking at its annual dinner last week, said the manufacturers possibly believe that a reference-based price system will be introduced (where the NHS reimburses pharmacists for generic prices it has calculated beforehand, plus a wholesale margin that reflects wholesaling costs).

The shortages, he added, have also been caused by more shortliners entering the market and grabbing available stocks.

However, some observers feel the problem is not as bad as the BAPW believes. One small wholesaler said it was experiencing shortages on a few lines, but the problem was not widescale.

Stephen Simms, BAPW's chairman

Wholesalers were asked if they could hold extra stocks as "buffers" to counter future shortages.

Chris Etherington, UniChem's managing director, said it could not afford to hold around £15 million of extra stock.

Neither could pharmacists, according to Marshall Davies, RPSGB president, because the return on stock would not justify that investment.

Meanwhile, parallel imports are said to be drying up because various manufacturers, including GlaxoSmithKline and Bayer, are restricting supplies to wholesalers throughout Europe.

The BAPW understands that the Commission will come down hard on the pharmaceutical companies and will impose significant fines.

Bill Fullagar, president of the Association of the British Pharmaceutical Industry and president of Novartis UK, said manufacturers had been telling the EU about their PI problems for years, but the EU had yet to provide a solution acceptable to everyone.

Continental governments, he said, continued to exacerbate the problem by setting prices that invited parallel trade. "Unless the cynical governments come on board [to solve the pricing issue], you and I are wasting our time," he said.

Mike Watts, BAPW's executive director, asked whether the Department of Health would help financially to ensure that there was more stock in the supply chain.

Andy McKeon, head of the Department of Health's medicines, pharmacy and industry division, claimed there was no risk of medicine supplies drying up.

He said that Mr Watts was assuming the Government was making substantial amounts of money from the PI trade through its discount clawback. "That's a big assumption. If you [wholesalers/manufacturers] sent us the full details of the products' prices, I'd be able to answer your question more easily," he said.

Mr McKeon was also not convinced that there were widespread generic shortages – and the DoH had officially recognised only a few.

He claimed that some shortages were due to forces beyond anyone's control, such as new regulations by the US Food and Drug Administration, which could have an impact on the NHS.

"We're working with the ABPI to develop guidelines on shortages – we'd like to help and offer support when there are real shortages," he said.

OTCs enter Boots Advantage scheme

Boots the Chemists has extended its loyalty scheme to OTC medicines.

From April 3, its customers will be able to collect four Advantage points for every £1 on non-prescription lines, whereas prescription items, milk, stamps and gift vouchers remain exempt.

Points can be redeemed on all beauty products, cameras and film processing.

The relaunch of the Advantage card scheme will be supported by a £3 million advertising programme.

The campaign includes television commercials, instore point-of-sale materials, together with a restyled *Boots Health and Beauty* magazine.

BTC's sales, including health and beauty lines, have been stronger in the second half of the financial year compared with the first six months. Its gross margin is also said to have improved. The Boots Company's full-year results will be released on May 30.

7.1 million prescriptions to date[1]
Now it doesn't need one

Based on the most widely prescribed antifungal/steroid agent,[2]
Daktacort™ HC is now available in pharmacy

Does not require refrigeration

Johnson & Johnson · MSD

Coming Events

APRIL 8

East Kent Branch, RPSGB
Speaker Helen Daracott, Head of Professional Standards, RPSGB, at the Pilgrims Rest Hotel, Canterbury Road, Ashford, 7.30 for 8pm.

APRIL 9

Moray & Banff Branch, RPSGB
The Right Medicine, by Alison Strath, and AGM at the Laichmoray Hotel, Elgin, 7pm.

Oxfordshire Branch, RPSGB
The Management of Heart Failure, by Dr Jeremy Dwyer, at the George Pickering Postgraduate Centre, John Radcliffe Hospital, 7.30 for 8pm.

APRIL 11

Glasgow Branch, RPSGB
Tour of China and Himalayas slide show, by David May, and AGM. Venue to be confirmed, 7.30 for 8pm.

Lanarkshire Branch, RPSGB
AGM and dinner at the Hilton Strathclyde Hotel, Bellshill, 7.30 for 8pm.

Company cars

Pharmacists who drive company cars have been reminded of the increased expense of being part of the scheme from April 5. Guidance from the Inland Revenue says: "The charge will be based on the car's carbon dioxide (CO_2) emissions and the existing reductions for business mileage and older cars will no longer apply." Shiraz Hirji, a partner at Cartwrights Chartered Accountants, told delegates at the Avicenna conference in Istanbul that it would be better, in most cases, for pharmacists to own their own car privately and claim expenses.

For further info:
www.inlandrevenue.gov.uk/cars

Sales stagnating

Pharmacy sales stagnated in March, according to the Confederation of the British Industry's Distributive Trades Survey. While 43 per cent of pharmacists said that sales had grown compared with the same month a year ago, 42 per cent reported a fall. The resulting balance of plus 1 represents a massive drop from the previous month (plus 68). Meanwhile, half of all retailers questioned said their sales had increased while 29 percent reported a fall.

RETAILING

Wellbeing off air as Digital crashes

The cameras have been switched off for good at the Wellbeing channel, the joint venture between The Boots Company and Granada TV. The news emerged as ITV Digital, which had hosted Wellbeing, went into administration.

The Wellbeing TV channel went off air at the end of December. But its website, www.wellbeing.com, will continue.

Boots said the channel's closure was due to the downturn in the advertising market and the slower than expected rollout of broadband technology.

Wellbeing had expected to raise around 75 per cent of its revenue from advertising and sponsorship deals.

The first admission that the joint venture was failing came in early December when Boots announced that the digital health and beauty channel had not met revenue expectations and had incurred losses of £31 million in 18 months (*C&D December 1, p.14*).

"The TV channel was heavily dependent on securing a significant advertising/sponsorship revenue stream up to the time at which extensive broadband connectivity opened up other revenue opportunities. That point is still some time off," said Boots.

C&D has also learnt that Paula Carter, one of Wellbeing's joint managing directors, left the company just four months after its launch in March 2001 (*see C&D March 17 2001, p.28*) to return to Granada.

Her co-managing director, Richard Holmes, later left to become Boots' business development director.

Boots admits the closure has caused some redundancies. While most Wellbeing employees had been on short-term contracts, a skeleton staff had been retained until the end of December.

MULTIPLES

A touch of India comes to John Bell & Croyden

The Ayurvedic Company of Great Britain has opened a Therapy Centre at John Bell & Croyden, part of the Lloydspharmacy chain.

The centre will treat patients suffering from any ailment except cancer, acute infections and acute heart conditions.

It will be staffed by an Ayurvedic doctor, a therapist and a secretary, and can accommodate around six patients each day.

Anne Williams, who has been suffering from multiple sclerosis for 16 years, was the first patient to receive treatment at the newly opened Ayurvedic Therapy Centre at John Bell & Croyden

Ayurvedic treatment methods are based on herbal oils, meditation, massage and aroma-steambaths, and John Bell & Croyden will stock a range of products to complement the clinic.

A typical treatment will last one hour and prices range from £25 for an eye-relaxing treatment, to £50 for an initial consultation, oil flow on forehead and body massage; to £80 for a body massage and sauna.

This is the third Ayurvedic centre in the UK, all of which are based in pharmacies. The other two are at the Organic Pharmacy on King's Road and the Tooting Pharmacy Practice in Tooting. The first Ayurveda hospital outside India was opened in Hammersmith in July 2000. The hospital, which has charitable status, is due to re-open at new premises in the next two months.

For more information
www.unifiedherbal.com
Tel: 0207 9355555

Product Information

Beconase Hayfever: Presentation: Aqueous nasa spray containing 50 micrograms beclomethason dipropionate per spray. **Uses:** Allergic rhinitis **Dosage and administration:** Intranasal use onl *Adults aged 18 and over:* Two sprays into each nostr every morning and evening. **Contraindications** Hypersensitivity. **Precautions:** If symptoms have no improved after 14 days use consult a doctor. Do no use continuously for longer than 3 months witho consulting a doctor. Risk of adrenal suppression wit use of higher than recommended doses. Precautio in presence of nasal infection. Avoid in pregnanc and lactation, unless otherwise directed by a docto **Side effects:** Dryness and irritation of the nose an throat, unpleasant smell and taste and epistaxis hav been reported rarely. Rare cases of raised intraocula pressure or glaucoma and nasal septal perforatio have been reported. **Hypersensitivity reaction** Systemic effects may occur, particularly when use at high doses for prolonged periods. **Legal category** P. **Retail selling price:** (ex VAT) 100 spray £5.1 180 spray £7.65. **Product licence numbe** 10949/0093. **Licence holder:** Allen & Hanbury Limited, Uxbridge, Middlesex UB11 1BT. Furthe information available on request from Medical an Consumer Affairs, GlaxoSmithKline Consume Healthcare, Brentford, Middlesex TW8 9GS, U.K **Date of preparation:** March 2001. BECONAS HAYFEVER is a trademark of the GlaxoSmithKlin Group of Companies. © GlaxoSmithKline, 2001.

Piriton Allergy Tablets and Piriton Syrup Presentations: Piriton Allergy Tablets containin 4mg chlorpheniramine maleate. Piriton Syru containing 4mg chlorpheniramine maleate in 10m **Uses:** Symptomatic relief of allergic condition including hayfever. **Dosage and administratio** Tablets: *Adults:* 1 tablet. Every 4-6 hours. *Childre aged 6-12:* 1/2 tablet. Every 4-6 hours. Syru *Adults:* 10ml. Every 4-6 hours. *Children aged 6-1* 5ml. Every 4-6 hours. *Aged 1-2:* 2.5ml, twice dail **Contraindications:** Hypersensitivity. Concurrent recent treatment with MAOIs. **Precautions:** Ma increase effects of alcohol. May affect ability to driv and use machinery. **Co-existing conditions:** Us with caution in prostate, respiratory, live cardiovascular and thyroid disease; epilepsy glaucoma and other eye conditions. Syrup contain sugar, use with caution in diabetes. Maintain goo dental hygiene. **Pregnancy and lactation:** Consu doctor before use. **Side effects:** Sedation. Les commonly gastrointestinal disturbances, blurre vision, headaches, urinary retention, dry mouth muscular incoordination, jaundice, cardiovascula disturbances, chest tightness, dizziness, bloo dyscrasias, allergic reactions and tinnitus. Childre and the elderly are more prone to the neurologic anticholinergic effects and rarely may becon confused or excitable. **Retail selling price:** Pirit Allergy Tablets 30: £2.85; Piriton Syrup 150ml £3.7 **Legal category:** P. **Product licence number** 0036/0088 (Piriton Syrup). 0036/0091 (Pirit Allergy Tablets). **Product licence holder:** Staffor Miller Limited, Welwyn Garden City, AL7 3 Further information is available from Medical a Consumer Affairs, GlaxoSmithKline Consum Healthcare, Brentford, Middlesex TW8 9GS, U **Date of revision:** December 2001. Piriton is registered trademark of the GlaxoSmithKline Gro of Companies. © GlaxoSmithKline, 2001.

Piriteze Allergy Tablets: Presentation: F coated tablets containing 10mg of cetiriz dihydrochloride. **Uses**: Symptomatic treatment perennial rhinitis, seasonal allergic rhinitis chronic idiopathic urticaria. **Dosage a administration:** Adults (including the elderly) children 12 years and over, 10mg da Children under 12 years not recommend **Contraindications:** Hypersensitivity to any of constituents of the formulation and lactat mothers. **Precautions:** Use half dose in patients renal impairment. Advisable to avoid excess alcohol consumption. Should not be used du pregnancy unless clearly necessary. Exceeding recommended dose may effect driving or opera machinery. **Side effects:** Occasionally mild transient subjective side effects such as drowsin headache, dizziness, agitation, dry mouth gastro-intestinal discomfort. Convulsions repo very rarely. **Legal category:** P (30 tablets) GSL (7 tablets). **Retail selling price:** (ex V P (30 tablets): £7.28. GSL (7 tablets): £3.40. **Proc licence number:** PL 0289/0388. **Licence hol** Approved Prescription Services Ltd, Bramp Road, Hampden Park, Eastbourne, BN22 9 England. Further information available on req from Medical and Consumer Affairs, GlaxoSmithK Consumer Healthcare, Brentford, Middl TW8 9GS, U.K. **Date of preparation:** Dece 2001. Piriteze is a registered trademark the GlaxoSmithKline Group of Compa © GlaxoSmithKline, 2001.

Allergy Answers

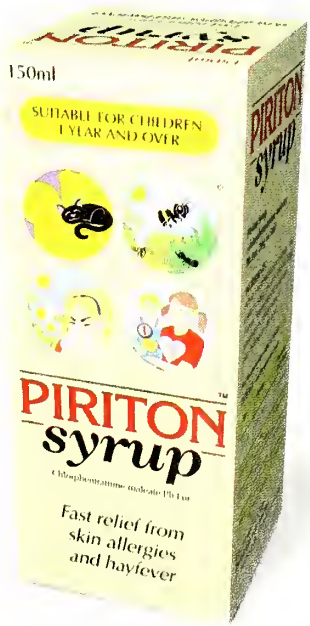
Allergy cover for the family

beclomethasone dipropionate

At GlaxoSmithKline we have almost 50 years experience in allergy treatment and are experts in understanding your business. That's why you can depend on Allergy Answers.

Our range of brands have been tried and trusted by generations of pharmacists, so you can be sure that whatever the allergy, GlaxoSmithKline has the answer.

chlorpheniramine maleate



chlorpheniramine maleate

cetirizine dihydrochloride

GlaxoSmithKline

Supporting you for generations

Comment from the Editor

If you do not by now use the internet regularly for business purposes – getting the latest trade news, checking your wholesaler account, catching up with e-mails from head office or ordering that special promotion – you are in increasing danger of losing a trading advantage. This week *C&D* gives you another incentive to use the internet with the launch of *C&D Price List On Line* in conjunction with Intr@Pharm, the pharmacy intranet provided by IMS.

The new service is presented in a form that will be familiar to regular users of the "pharmacist's bible", and is intended to provide fast access to the *Price List* database through simple screens and minimal clutter. So, if you have lost your weekly *Supplement* and want to check those price changes from two weeks ago, or the locum swiped your last *Generics Guide*, or you have trouble working out those retail margins, all is not lost – log on to *www.intrapharm.com*.

The *C&D Price List On Line* is only one of a number of initiatives undertaken in recent months for the benefit of readers. Our website, *www.dotpharmacy.com*, has been relaunched. Hits on the site have been increasing steadily and the latest figures show over 145,000 visits each month. In the new year we unveiled ICE, a CPP-accredited interactive education zone within dotPharmacy, to complement the paper-based *Pharmacy Update* educational modules (supported by Genus Pharmaceuticals).

For pharmacy managers looking for best value in training for their medicine counter staff, the Cambridge Counterpart course (supported by Wyeth Consumer Healthcare) has been relaunched following revision and re-accreditation by the College of Pharmacy Practice. For pharmacy staff generally we have introduced HolidaySaver through *Over the Counter* (see p5 in last week's issue for details). It's worth joining for the free 12 months of family travel insurance, even if you do not take up any of the other benefits on offer.

The *C&D Price List On Line* is only one of a number of recent initiatives undertaken for the benefit of readers

Yourviews

Chairman of the National Pharmaceutical Association, Gerald Alexander, wades into the debate over how pharmacists should exercise supervision

Take care in the great supervision debate

Your editorial (*C&D* March 23) set out very succinctly the dilemma facing pharmacists as they engage in the debate over supervision.

This is an important issue for pharmacy and care will be needed in the way debate and discussion are handled. But there are already some who are suggesting that the way forward is to allow pharmacists to leave their pharmacy for "short periods" to advance their professional role.

Supervision is all about patient safety. In carrying out any review we need to be sure we determine a course that gives patients the best care.

Our principal role as pharmacists is to ensure that patients take medicines safely and appropriately.

Gerald Alexander: "In exercising supervision we must demonstrate that we add value to patient care"

In exercising supervision we must demonstrate that we add value to patient care.

The best arrangement has to be where there is direct pharmacist involvement in patient care, whether through a clinical assessment of a prescription or through the provision of advice and information associated with the supply of medicines.

Despite the wonders of modern technology it is difficult to see how this can be done where a pharmacist is not on the premises. And to have pharmacies run without a pharmacist would severely weaken the strength inherent in guaranteeing ready and easy access to a pharmacist whenever the pharmacy is open. It will also devalue the purpose and efficacy of the NPA's 'Ask Your Pharmacist' campaign.

A modern pharmacy service demands a modern approach to supervision and so it is right and proper to have the debate.

But in seeking to modernise practice we need to ensure that we do not try to do too much too quickly.

In particular we need to be very careful that we do not create a position where pharmacies can be run without pharmacists.

If community pharmacies can be run without pharmacists what do we need pharmacists for?

Northern Ireland NOTEBOOK

There's trouble down South

The shock news that the Irish Government has unilaterally withdrawn pharmacy contract limitation in the Republic is slowly sinking in. To even think of taking such an extreme line was unimaginable just six months ago.

So what will be the practical implications? It will be a huge body blow to those daring independents who recently paid perhaps as much as €2 per €1 of turnover to buy pharmacies.

This will have huge financial implications for these pharmacies. For independents with a weak capital base, this could be fatal in the long term.

Multiples have been most bullish in the Irish market and have paid substantial amounts for contracts. Small wonder that Gehe tried to back out of a major purchase when the news broke. But it is now better placed to weather the storm and will, no doubt, play to the strengths of the new system. This must mean more openings, so that every shopping centre in the Republic will have a pharmacy. The Irish Government might do an about-turn, but this is unlikely – pharmacy is being made a scapegoat for a growing national concern about fat cats with legal protection.

Pharmacy is being made a scapegoat for a growing national concern about fat cats with legal protection

The "three-year rule" still applies. It is imposed on all graduates from UK universities and may dampen expansion. A body corporate might open a new pharmacy but a locally trained pharmacist must work there. Boots and Lloyds could open as many pharmacies as they like but, unless they have local pharmacists to work in them for the first three years, they cannot operate.

Written by a practising Northern Ireland community pharmacist

TOPICAL REFLECTIONS

A weighty tome, and a weighty price

It does not seem three years since I purchased my last *Martindale*, but now the 33rd edition has been launched to remind me of the remorseless march of time. I have religiously purchased every edition since I started practising, so I will also buy this edition but I do question its cost.

In terms of usage, *Martindale* is now firmly in third place behind the *BNF* and my last edition of the *ABPI Data Sheet Compendium*. Even at the early-bird price of £220, or Royal Pharmaceutical Society members' price of £199, this is a major hike over the cost of the 32nd edition and a high sum to pay for a reference source of decreasing usefulness.

Since current editions of both the *Medicines Compendium* at £50 (formerly the *Compendium of Data Sheets*, which was provided free) and *Martindale* are required under the RPSGB's "standard of good practice" as reference sources in all dispensaries, I will soon reluctantly fork out my £254 + £6 p&p. I know the expense involved in producing and maintaining *Martindale* will be the justification by the Pharmaceutical Press for the high price tag, but I wonder whether a reappraisal of its structure should now be considered. As well as being expensive, the book is unwieldy and, in particular Part III, occupies a disproportionate amount of space.

There can now be few pharmacies that do not have access to CD-ROM computer facilities and CD-ROMs are cheap to reproduce. Part III lends itself to CD-ROM format and would be acceptable as an insert to the now much smaller and user-friendly main book.

The book itself could, perhaps, be totally revised once every four years, with replacement CD-ROMs for Part III produced annually.

If the total cost was then no more for four years than is presently being charged for three, in three years time, when the 34th edition is launched, the Pharmaceutical Press could proudly sell its package both on its maintained excellence and its value for money.

Why is Vicks inhaler different in the US?

I was saddened to learn that Alain Baxter has been stripped of his skiing bronze medal won at the winter Olympics. Even worse for him is the knowledge that his competitive days will probably be over if a lengthy ban from competitions is upheld on appeal (*C&D, March 30, p9*).

I do not condone the use of enhancing drugs in sport but, in this case, there appears to be a fault in the adjudication process where the International Olympic Committee in its list of banned substances does not distinguish between the dextro and levo isomers of methamphetamine. The IOC has not analysed Mr Baxter's urine sample to determine which of the isomers was present. The truth of his explanation that he innocently used a Vicks Inhaler legally purchased in the US, assuming its formulation was similar to its UK counterpart, appears untested.

Procter & Gamble maintains that the dextro isomer has no stimulant activity, and the company's evidence should be produced on appeal to allow Alain to continue in competition. But I also wonder why, if P&G is correct, the Controlled Drug regulations in the UK do not allow the distinction between the two isomers and thereby allow P&G to market similar Vicks Inhalers in both countries?

Hitting the spot with Germoloids Spray...

The Germoloids brand of haemorrhoidal preparations is now marketed by Bayer, and I do admit that the new spray is innovative and should sell well.

As the company says, it is the first and only OTC haemorrhoidal spray on the market. Certainly from a customer's viewpoint, a spray application that does not involve the messy application of creams or ointments must have its advantages.

I am, though, a little concerned about the mechanics of its use. I am sure that full instructions are enclosed, but haemorrhoids are not found in the most easily accessible anatomical area. I anticipate that the spray should be directed at the offending area, sighted, I presume, using the periscope provided!

The Avicenna buying group celebrated its 10th anniversary with a four-day convention in Istanbul last weekend

(l-r): Hemant Patel, Martyn Ward, UniChem's sales and marketing director, and Beth Taylor

Pharmacists should help improve access

Community pharmacists will have an important role in helping primary-care trusts meet access targets, says Beth Taylor, pharmacist and member of the NHS Modernisation Board.

Ms Taylor, pharmacy manager for Southwark PCT, said that community pharmacists had been specifically mentioned in guidance on improving access sent to PCTs by the Department of Health, *Achieving and Sustaining Improved Access to Primary Care*.

The NHS Plan sets a target on access so that: "by 2004, all patients will be able to see a primary-care professional within 24 hours and a GP within 48 hours".

"Improving access really is a government priority, and there is so much potential for pharmacy to help GPs and PCTs to meet targets. It is your trump card," she said. "Pharmacists should be framing proposals to PCTs in the light of this guidance."

PCTs have been allocated an extra £83.5 million, specifically to improve access to primary care and at least £48 million should

be used in this financial year.

"PCTs should consider the use of other services, including community pharmacies as well as walk-in centres, NHS Direct and out-of-hours services to contribute to improving access," says the guidance issued last month. PCTs are asked to use the money on increasing capacity and extending services.

An increased use of patient group directions would be one way to improve access to medicines for patients, she suggested.

Drugs suitable for supply via PGDs identified by the Lambeth, Southwark and Lewisham Health Action Zone, where Ms Taylor works, include oral contraceptives, anti-malarials, antibiotic eye ointments and antibiotics for the treatment of uncomplicated urinary-tract infections.

The HAZ has run a successful PGD supplying emergency hormonal contraception from pharmacies in the area for the past three years.

For more information:
www.doh.gov.uk/pricare/improvedaccess

Pharmacists not seeing the bigger picture

Independent pharmacists are failing to appreciate all the factors that may impact on their future business, according to Hemant Patel, past president of the Royal Pharmaceutical Society.

Mr Patel, recently appointed as professional development adviser to the Avicenna group, told delegates that the people who succeed are able to react quickly to change.

The integration of health and social care is a huge opportunity for community pharmacy. "Within social services, there are large numbers of people willing to work with community pharmacy and there is no rivalry like we have with nurses or doctors," he said. Four care trusts, responsible for delivering health and social care, started up in England on April 1.

The Government has recently announced a Community Development Agenda, but pharmacists appear to be uninterested said Mr Patel. "There is going to be money available to support this agenda. I think it is our social responsibility to ensure that we play an important part in making sure there are stable communities."

Some larger companies are becoming involved but independent pharmacists, who have greater contacts with the local community, are failing to understand the big picture, he said.

Every pharmacist should also obtain a copy of their local public health agenda so that they know the areas of priority. This identifies how much money the HA has to invest and where they are prepared to invest it.

"Public health used to sit somewhere at the back of the health authority's local agenda. Today, it drives their purchasing."

ACE deal for pharmacists

Avicenna pharmacists will be able to take advantage of a range of extra benefits from the beginning of July.

The Avicenna Club Executive (ACE), which is free to join, will provide:

- an extra one per cent discount on generic and parallel imports
- marketing allowances for product launches and in-store displays
- preferential prices for all Avicenna events
- half-price membership of UniChem's CPI+.

Eligible pharmacists must spend at least £10,000 on qualifying medical products with UniChem every month, and at least 50 per cent of that figure with Avicenna's preferred suppliers of generics and PIs. Members must also belong exclusively to Avicenna and support all exclusive deals.

PA Photos

Name your poison

In the light of recent terrorist attacks, pharmacists could be asked to serve on medical response teams. Gary Paramjeet reports

Should pharmacists in the UK heed their American colleagues as they prepare for the possibility of bio-terrorist attacks? Without being alarmist, the answer is "yes".

Pharmacists should avoid any complacency and they cannot afford to adopt the "it can't happen here" attitude.

Nuclear, biological or chemical (NBC) attack has moved from the military arena to become a terrorist's weapon. As such events can occur at any time, pharmacists must be prepared to share their expertise and resources when called upon, says a report in the *American Journal of Health-System Pharmacy*.

Despite the lack of official national guidelines, many local agencies in the USA have initiated plans for emergency medical response to incidents involving weapons of mass destruction (WMD).

For pharmacists, this has meant equipping themselves with a knowledge of antidotes, antibiotics and antitoxins, and how they may be obtained in the event of a terrorist act.

Chemical agents are attractive to terrorists because they are extremely toxic, readily available or easily synthesised, and toxicological information is easy to find.

The *AJHSP* classifies the chemical agents as follows:

- **Blood agents** such as cyanide were first used by the French in 1916 in shells filled with hydrogen cyanide (which smells like bitter almonds).

On exposure to high concentrations, sufficient hydrogen cyanide may be inhaled in a few breaths to cause immediate death by respiratory failure. However, toxic concentrations are unlikely in open spaces.

With lower concentrations, the early symptoms include weakness of legs, vertigo, nausea and headache. These are followed by convulsions and coma, which may last for hours or days, depending on time of initial exposure.

Treatment involves the administration of nitrites, which convert haemoglobin to methaemoglobin. The latter combines with cyanide to form cyanomet-haemoglobin which, when combined with 100 per cent oxygen and thiosulphate, is converted to thiocyanate. This is eliminated in the urine.

Victims who are fully conscious and breathing normally more than five minutes after cyanide exposure will recover spontaneously and do not require treatment as cyanide is detoxified rapidly by the body.

- **Nerve agents** were discovered in 1936 during research into insecticides. They are organophosphorus esters and potent acetylcholinerase enzyme inhibitors. Exposure to this class of agents results in salivation, lacrimation, urination, defecation and vomiting.

Severe poisoning causes more

Continued on page 20 ▶

SCHERING

How we are informing women that Levonelle® is now available from the pharmacy

Since January last year, an emergency contraceptive Pill (Levonelle®) has been available to purchase from the pharmacy without a prescription. **(The same formulation is available on prescription as Levonelle®-2.)**

Its availability is now being communicated through advertisements in selected magazines, as well as other media such as posters and explanatory leaflets.

We always aim to keep health professionals as fully informed as possible about issues surrounding patients' treatment and if you require any further information please contact the Medical Information Department at Schering Health Care Ltd on 01444 465 840, e-mail: medicalinformation@schering.co.uk or phone the Levonelle helpline on 08456 035 035

Levonelle®

December 2001. LEV110/29(b)

Continued from page 18

pronounced symptoms – salivation and rhinorrhoea become so profuse that secretions run out of the mouth and nose. Respiration becomes laboured, accompanied by severe sweating and uncontrollable vomiting leading to muscle weakness, convulsions and paralysis. Death is due to asphyxiation from fluid in the bronchial tree.

Treatment includes atropine to block the action of accumulated acetylcholine at muscarinic sites; pralidoxime to reactivate the inhibited cholinesterase and diazepam as an anti-convulsant.

- **Choking agents**, such as chlorine and phosgene, were widely used in World War 1. They cause such a massive pulmonary oedema that frothy oedema fluid may be seen escaping from the mouth and nostrils. After exposure to high concentrations, death occurs within several hours. If the casualty survives, resolution commences within 48 hours with little or no residual damage.

Treatment is symptomatic and involves oxygen, bronchodilators, codeine for the cough, steroid inhalers and injections, and diuretics. Nebulised sodium bicarbonate 3.75 per cent has provided symptomatic improvement in chlorine exposure, says the report. Where necessary, antibiotics can be administered.

- **Blistering agents** – nitrogen mustard is an alkylating agent and causes blisters, eye injury, airway damage and bone marrow stem cell suppression. Topical antibiotics, analgesics and eyewashes are the treatment options.

Detonation of a nuclear weapon is considered unlikely, as terrorists would find it difficult to build, conceal and detonate such a device. However, terrorists may deploy radioactive material in public places through 'dirty bombs' where radioactive material is mixed with conventional explosives.

The radiation released consists of alpha particles, beta particles and gamma rays, with the latter being most harmful because they travel greater distances and require dense materials, such as lead, to prevent tissue penetration.

Alpha and beta particles travel only short distances and are blocked by clothing. However, ingestion or inhalation of the particles poses a threat.

Treatment for exposure to radioactive material includes using chelators and radionuclide blockers. Pharmaceutical chelators include d-penicillamine and desferrioxamine.

Radionuclide blocking agents work by saturating tissues with a non-radioactive element, which reduces the uptake of radioactive iodine. Useful agents in this genre include potassium iodide tablets and Lugol's Solution.

- **Biological weapons**, however, pose the most immediate threat. This class includes anthrax (bacteria), smallpox (virus) and ricin or botulinum (toxins).

Exposure to anthrax, which is derived from *bacillus anthracis*, produces flu-like symptoms – fever, fatigue, dry cough and vague chest pain. This first stage of the illness lasts from hours to a few days. Some patients may enter a brief period of apparent recovery before progressing abruptly to the second stage of the illness.

Symptoms quickly develop into shortness of breath, high-pitched noisy respiration, perspiration and cyanosis. Sepsis, shock and meningitis may occur in up to half of the cases.

At this point treatment is usually ineffective and death can occur within hours. Initial treatment consists of intravenous ciprofloxacin, although all natural strains of anthrax are sensitive to erythromycin, chloramphenicol and gentamicin.

Chemoprophylaxis is initiated in patients with oral ciprofloxacin or doxycycline, until the patient has received three doses of anthrax vaccine.

Smallpox, which is caused by the *variola* major virus, produces high morbidity and mortality. Infected patients have fever, muscle rigidity, vomiting, headache and backache.

In addition, a rash followed by lesions appears. These progress to pustular vesicles and, by the second week, turn to scabs. The patient remains contagious until the scabs have healed. A vaccination is available but there is currently no chemotherapeutic agent to treat smallpox.

Botulinum toxin, which is produced by *clostridium botulinum*, may be inhaled or ingested and is the most toxic of all NBC weapons.

Infected patients suffer from blurred and double vision, paralysis of muscles used for speaking, and dysphagia.

Next, skeletal muscle paralysis occurs, resulting in respiratory failure. The patient remains awake and alert throughout the experience.

Antitoxins are used in the treatment of botulinum but, unfortunately, none is available for the treatment of patients exposed to ricin. In the latter case, patients affected by symptoms such as fever, weakness, cough and cardiovascular collapse can only be offered supportive care.

In the UK, information on dealing with emergencies is available on the Department of Health website. The section entitled *NHS Guidance on Planning for Major Incidents* contains advice for the primary and secondary care services on chemical and nuclear incidents.

The Public Health Laboratory Service has issued provisional guidelines about anthrax, plague, botulism and smallpox in response to outbreaks in the US. Treatment options are available on the PHLS website.

Meanwhile, the National Pharmaceutical Association has written to Health Secretary Lord Hunt to highlight the fact that the community pharmacy network is ideally placed to provide advice to the public in emergencies and to supply essential medicines.

The NPA is offering to help Lord Hunt in the preparation of a contingency plan to cope with any bio-terrorism attack.

PA Photos

Bomb-makers target pharmacies

Pharmacists need to be aware of requests made by potential bomb makers, says the *AJHSP*.

Instructions for creating explosive devices are widely available on the internet, and websites often instruct would-be terrorists to purchase ingredients in pharmacies, says the journal.

Likely chemicals can include potassium nitrate, sodium nitrite, potassium permanganate and glycerine.

However requests for chemicals that can be used for making bombs may be perfectly innocent. The journal describes the experiences of a pharmacist who, in September last year, was visited by several suspicious-looking men of Middle Eastern origin. They were looking to buy potassium permanganate and rubber gloves.

After reporting the matter to the FBI, the pharmacist was relieved to discover that the men had an Oriental rug business and were using the potassium permanganate as a purple dye.

For more information:

www.phls.co.uk
www.ashp.org
www.doh.gov.uk
AJHP Dec 1:Vol58; 23

scotears Liquid Gel® Combined Abridged Prescribing ormation Presentation: Either as sterile preservative free igle dose (SDU) of colourless liquid gel, containing mg/g carbomer Or as sterile colourless liquid gel, ntaining 2.0mg/g Carbomer and preservative mg/cetrimide. Uses: Tear fluid substitute for the anagement of dry eye conditions and for unstable tear n. Dosage and Administration: *Adults and Elderly:* One op 3-4 times daily or as required depending on the verity of the disease. *Children:* Use is at the sponsibility of the physician. Contra-indications: Patients th known hypersensitivity to one of the components of the gel. Precautions: Contact lenses should not be w during instillation. Wait at least 30 minutes after instillation before reinserting lenses. Side effects: Occasionally mild, transient burning sensation, sticky eye lid, blurred vision after instillation. Drug interactions: In case of any additional local treatment (e.g. glaucoma therapy) there should be an application interval of at least 5 minutes between the two medications. Viscotears should always be the last medication instilled. Pregnancy and lactation: Administration not recommended except for compelling reasons. Product Licence Numbers: 8685/0032 (SDU), 8685/0009 (10g pack). Product Licence Holder: CIBA Vis Pharma, ® Registe

peek condition

Viscotears®

carbomer

Viscotears

BIGGER PACK. BIGGER PROFIT.

Zantac 75 is now available in a pharmacy-only 48 pack, so that you can offer your customers extra value while earning good profit on return for your pharmacy.

Zantac 75 is the fastest growing pharmacy-only heartburn treatment,[1] and is driving category growth,[1] offering sufferers a chance to stand against food attack. You can even recommend Zantac 75 to prevent an attack altogether.

ranitidine (as HCl)

A long-lasting force for comfort

Zantac 75 48's Product Information
Presentation: each tablet contains 75mg ranitidine. **Uses:** Symptomatic relief of dyspepsia, indigestion, acid indigestion and hyperacidity, prevention of heartburn, indigestion, acid indigestion and hyperacidity associated with consuming food and drink. **Dosage and Administration:** Adults and children aged 16 and over, one tablet. For prevention of heartburn and indigestion associated with food and drink, one tablet half to one hour before eating or drinking. No more than four tablets should be taken in any 24-hour period. **Contraindications:** Hypersensitivity. **Precautions:** Treatment should be restricted to maximum of 14 days continuous use at any one time. Patients should contact their doctor if their symptoms do not improve after 14 days continuous treatment. Should not be taken by the following groups of patients unless under medical supervision: patients with renal or hepatic impairment; patients under regular medical supervision or suffering from any other illness or taking medication; patients middle aged or older with new or recently changed symptoms of indigestion; patients with unintended weight loss; patients taking NSAIDs; patients with a history of porphyria; patients who are pregnant, trying to become pregnant, or breast feeding. **Side Effects:** Generally well tolerated. Rarely changes in liver function tests, hepatitis, jaundice, acute pancreatitis, leucopenia, thrombocytopenia, agranulocytosis, pancytopenia, marrow hypoplasia, aplasia, hypersensitivity reactions, bradycardia, A-V block, headaches, dizziness, confusion, depression, hallucinations, involuntary movement disorders, skin rash, vasculitis, alopecia, musculoskeletal symptoms, impotence and breast swelling/discomfort in men. See SPC for further details. **Legal Category:** P. **RSP (ex VAT):** Zantac 75 48's £9.07. **Product Licence Number:** PL 10949/0223. **Licence Holder:** Glaxo Wellcome UK Limited, Stockley Park West, Uxbridge, Middlesex UB11 1BT. Further information available on request from Medical & Consumer Affairs, GlaxoSmithKline Consumer Healthcare, 980 Great West Road, Brentford TW8 9GS. **Date of Revision:** February 2002. Zantac 75 is a registered trademark of the GlaxoSmithKline Group of Companies. **Reference:** 1. IRI: All Outlets 2001.

GlaxoSmithKline

The death last week of the actor Dudley Moore drew attention to progressive supranuclear palsy, a relatively uncommon and little understood disease. Pharmacists are ideally placed to spot potential symptoms and refer patients to their GPs, reports *Dr Uma Nath*

Imprisoned but with an active mind

PSP stands for progressive supranuclear palsy. In 1963 Dr J Clifford Richardson and John Steele described the clinical features seen in nine patients with PSP. Their colleague, pathologist Jerzy Olszewski, demonstrated strikingly similar changes in these patients at post mortem. The disorder is therefore a clinicopathological syndrome. It is now eponymously known as Steele-Richardson-Olszewski syndrome and is recognised across the world.

Symptoms and signs

PSP is a relentlessly progressive neurodegenerative syndrome with onset over 40 years of age. It is classically associated with a difficulty in looking downwards (gaze palsy) and an early tendency to fall backwards (Steele J et al. 1964).

Other typical features include increased tone in the neck and trunk. Early speech dysfunction is notable, with a peculiar "growling" speech pattern and swallowing difficulty. The profoundly reduced blink frequency and gaze abnormalities may produce an unnervingly impassive face, the so-called "Mona Lisa" gaze.

How common is PSP?

It has been calculated that a population of 18,000 people aged over 40 years would need to be screened to estimate the prevalence of Parkinson's disease to within 25 per cent of the true value. Since PSP is much less common than Parkinson's disease, a significantly larger study population would be needed to produce accurate estimates.

PSP can present in so many different ways that, to date, seven sets of diagnostic criteria have been proposed to help the clinician make an accurate diagnosis.

In an effort to standardise the clinical definition, the National Institute of Neurological Disorders and the Society for Progressive Supranuclear Palsy Inc convened an international workshop in 1996, with the remit of developing an accurate and universally accepted set of diagnostic criteria (the NINDS-SPSP criteria) (*Litvan I et al. 1996*). The approach used was the most rigorous to date and these criteria are now universally accepted.

Two studies have attempted directly to estimate the prevalence of PSP in the UK. In the most recent (*Nath U et al. 2001*), the crude and age-adjusted prevalences were found to be 6.5 (95 per cent CI 3.4 to 9.7) and 5.0 (95 per cent CI 2.5 to 7.5) per 100, 000 respectively.

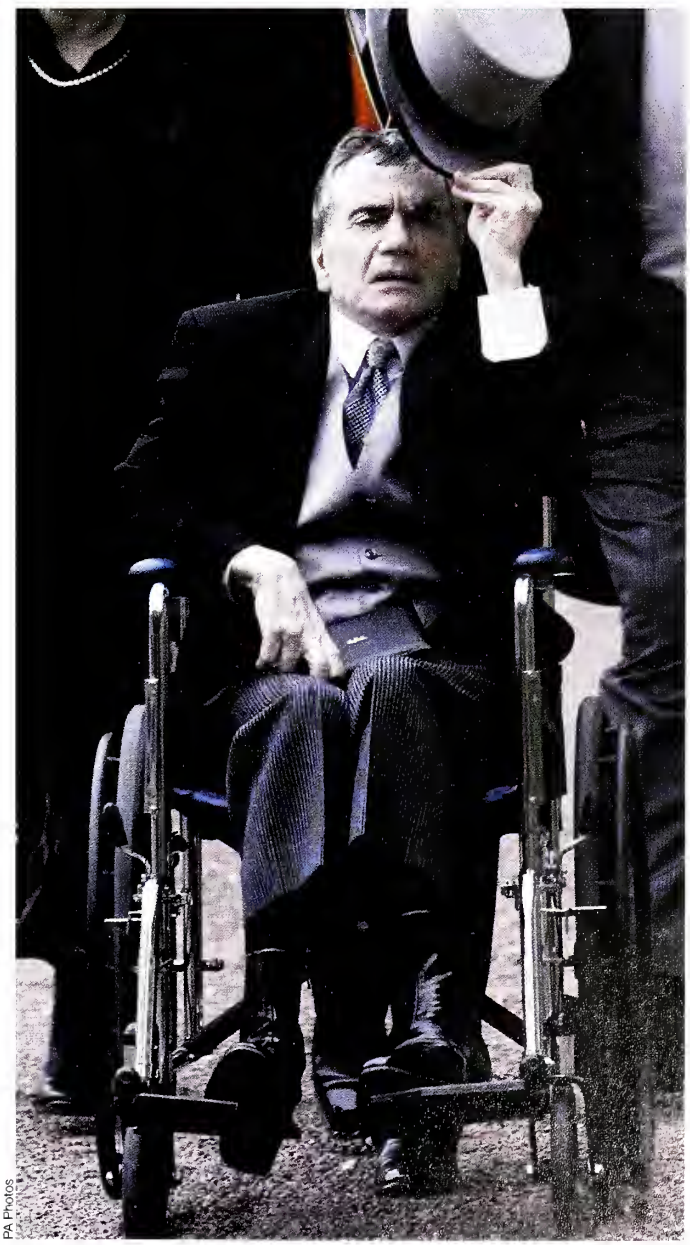
What causes PSP?

The aetiology of PSP still remains a mystery, albeit one with several tantalising clues.

Two case-control studies have attempted to identify risk factors. Statistically significant results from the first showed that patients were more likely to have lived in a town of fewer than 10,000 inhabitants (odds ratio 2.4) and to have completed high school (odds ratio 3.1) and college (odds ratio 2.9) than controls.

The later study used 75

Continued on page 24 ▶



PA Photos

PSP can be present in so many different ways that, to date, seven sets of diagnostic criteria have been proposed to assist the clinician in making an accurate diagnosis

Continued from page 23

matched neurological controls from the same referral network as the 75 PSP patients.

The statistically significant point was that patients with PSP were less likely to have completed at least 12 years of school. The researchers suggested that this lower educational attainment in the patient group could have been a proxy for poor early-life nutrition, or for occupational or residential exposure to a toxin.

Recall bias may be a significant confounding factor in studies of this type, as a previous exposure might be more significant to the patient than to the control, since they may link the exposure with their neurological illness.

Between the publication of these two studies, McCrank provided anecdotal evidence for a greater than expected hydrocarbon exposure in 13 patients with PSP. The level of exposure was not specified, however, and controls were not used.

Parkinsonism-dementia complex

There are clinical and pathological similarities between PSP and post-encephalitic Parkinsonism (PEP) and the Parkinsonism-dementia complex of Guam (PDCG).

A common aetiology has therefore been suggested. Although never isolated, a viral agent was strongly implicated in the 1916-1927 pandemic of encephalitis lethargica, which gave rise to PEP. In contrast, PDCG has been linked with the consumption of the cycad seed, Cycas circinalis. The neurotoxin in these seeds is believed to be beta-N-methylamino-L-alanine.

A further clue to the aetiology of PSP may come from the recent observation of a high incidence among Parkinson patients in the French West Indies. The researchers suggested that chronic exposure to benzyltetrahydroisoquinolines found in tropical fruits and herbal teas might be the exogenous agent responsible, possibly acting in genetic susceptibility.

Genetic factors

PSP has been considered by many to be a sporadic disorder, but familial clustering has been described in 20 families. The numbers involved in the studies were too small to draw any firm conclusion.

PSP is characterised by neurofibrillary tangles, which consist of hyperphosphorylated tau protein. There is an association between a polymorphic dinucleotide marker within the tau gene and PSP. A recent study has found a "silent" mutation in the tau gene, which appears to cause overproduction of abnormal tau protein (*Stanford P et al. 2000*).

As in other neurodegenerative diseases, there seems to be a genetic component in PSP with the disease perhaps being triggered by an environmental "neurotoxin". Ongoing research continues to seek to resolve this frustratingly elusive question and related concerns about heredity.

Motor neurone disease

Motor neurone disease is a neurodegenerative disorder, which affects the anterior horn cells of the nerves supplying muscle function. The limb muscles often become thin, and twitch or "fasciculate". Patients usually develop swallowing problems and eventually respiratory problems because of progressive muscle weakness. They may also eventually require gastrostomy feeding tubes. They do not have falls or visual problems.

The median survival in motor neurone disease is four years whereas in PSP it is six years. Although PSP and motor neurone disease have some superficial similarities the latter may be diagnosed relatively easily by neurological examination combined with a neurophysiological assessment.

Unfortunately there is no definitive test to diagnose PSP or Parkinson's disease and the distinction between them relies on clinical features alone. The following descriptions are therefore generalisations.

Falls occurring early in the disease, particularly if they occur backwards, point towards a diagnosis of PSP. PSP patients have a wide-based "robotic" walk whereas patients with Parkinson's disease walk with small steps and may shuffle, especially on turning. Slowness or bradykinesia is a common feature of both conditions. In Parkinson's disease the slowness is often associated with a type of resting tremor that is rare in PSP.

Parkinson's disease usually starts in one limb and gradually progresses, whereas PSP is usually symmetrical. Patients with PSP develop problems with vertical eye movement but these may not be present at disease onset. Early in the disease course, PSP patients often complain of grittiness in their eyes and nonspecific blurring of vision.

Patients with Parkinson's disease almost always respond to levodopa, although this is not always sustained. In contrast, most PSP patients do not benefit from levodopa. Swallowing problems in PSP occur much earlier and are more severe than in Parkinson's disease. Life expectancy is not reduced in Parkinson's disease.

Management

A multidisciplinary approach is essential in the management of PSP. A speech and language therapist and dietitian can assist in the swallowing problems and communication difficulties.

Early occupational therapist input is essential as the inertia in most health care systems means that adaptations around the home may lag behind the patient's deteriorating physical state.

Mirror prism spectacles may make it possible for patients with

Continued on page 26

THE NATION'S FEET ARE IN YOUR HANDS

The solution is Daktarin™ Gold, the first seven-day OTC treatment for mild athlete's foot*.
The key ingredient ketoconazole, and its strong affinity for keratin[1], means that not only is there no faster treatment for athlete's foot, but it also offers protection from relapse for weeks and weeks afterwards[2].
So, if you want to help out the nation's feet, recommend Daktarin Gold.

The first (7) day OTC treatment for mild athlete's foot*

***Between the toes** (1) Harris R, et al. *Antimicrobial Agents and Chemotherapy* 1983, Vol 24 (6): 876–882. (2) Data on file.
www.daktarin.co.uk Enterprise House, Station Road, Loudwater, High Wycombe HP10 9UF

Johnson & Johnson ○ MSD
CONSUMER PHARMACEUTICALS

Daktarin™ Gold Product Information.
Presentation: White cream containing ketoconazole 2% w/w. **Indications:** Tinea pedis, tinea cruris and candidal intertrigo. **Dosage and Administration:** For mild athlete's foot: apply twice a day for one week. For more severe or extensive athlete's foot (eg also affecting the sole or sides of the feet): continue to apply the cream for at least 2-3 days after symptoms have cleared to prevent them coming back. For Dhobie Itch and Candidal Intertrigo: apply once or twice daily for at least 2-3 days after symptoms have cleared. **Contra-indications:** Hypersensitivity to any of the ingredients or to ketoconazole itself. **Precautions:** Not for ophthalmic use. **Interactions:** None known except possible corticosteroid interaction. **Pregnancy and lactation:** Not to be used in pregnant women. May be used during lactation. **Side effects:** Irritation, dermatitis and burning sensation may be observed. **Overdose:** In accidental oral ingestion, consider appropriate methods of gastric emptying. **Legal Category:** P. **PL:** PL0242/0107. **Price:** 15g tube £4.99. **PL Holder:** Janssen-Cilag Ltd, Saunderton, High Wycombe, Bucks, HP14 4HJ. **Date of preparation:** Jan 2001

Continued from page 24

severely limited extra-ocular movements to read and feed themselves.

Physiotherapists may also advise on walking aids and exercises, although postural instability, coupled with patients' inability to recognise their balance problem because of frontal lobe dysfunction, may mean that a wheelchair may be the safest option when falling becomes a regular occurrence.

Currently available drug treatments for PSP are inadequate.

No drug has been shown either to halt the relentless progression of the disease or to have a major symptomatic benefit. Many of the drugs used have antidepressant properties, which could produce apparent treatment effects.

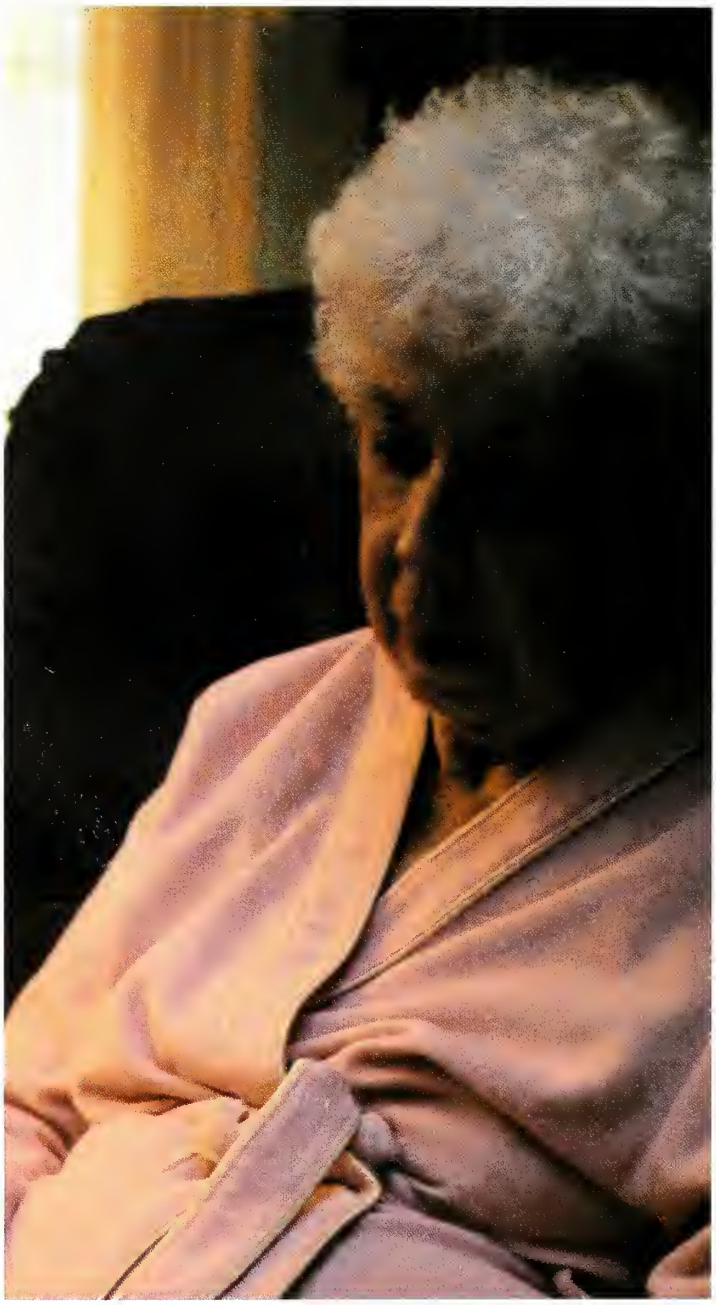
Most drugs tested in PSP are dopaminergic agents, which have an effect in idiopathic Parkinson's disease. In fact, many cases of PSP are diagnosed after they have failed to respond to such dopaminergic medications.

One or more drugs may have had a minor symptomatic effect, which has not been detected in the relatively small trials conducted so far. Most studies have been unable to provide postmortem confirmation of diagnosis and patients are rarely stratified for stage of disease. Most trials are open label and non-randomised. A review of placebo-controlled studies in PSP showed a significant placebo response (*Nieforth K and Golbe L 1993*).

A large retrospective study of treatment response in PSP assessed both effectiveness and side effect profiles for each agent. Levodopa was found to have the lowest risk-benefit ratio, while amantadine had the best risk to benefit ratio. Amantadine has both dopaminergic and anti-glutamatergic effects, but it carries the risk of exacerbating neuropsychiatric symptoms. It has never been tested in a controlled study in PSP.

Amitriptyline has been found beneficial and is prescribed in low doses. A recent double-blind, placebo-controlled cross-over study of a GABA-mimetic drug, zolpidem, reported a significant improvement in mobility in a small number of patients (*Daniele A et al. 1999*). This was, however, associated with significant adverse effects such as drowsiness and worsening of postural instability.

Attempts at rational pharmacologic therapy to alleviate symptoms have been unsuccessful, even though they have focused on the various neurotransmitter systems involved in PSP. Cholinomimetic agents including physostigmine and donepezil have had no significant benefit on motor dysfunction or dysphagia (*Litvan I et al. 2001*).



The potent alpha 2 antagonist efaroxan did not significantly improve any motor assessment criteria in 14 patients with PSP using a double-blind, placebo-controlled crossover study (*Rascol O et al. 1998*).

How pharmacists can help

PSP is still relatively uncommon. Consequently, even a large general practice may only have a single case of PSP. There is often a delay in diagnosis for up to half the disease course (about three years). Patients with PSP and their relatives often feel their suffering is compounded by the fact that many health professionals know little about the disorder.

Conversely, patients often feel a sense of relief when meeting a professional who obviously has some awareness of the disease.

A community pharmacist is ideally placed to advise them to visit their doctor urgently if they complain of frequent chest infections or are choking on their tablets or food. These features suggest a high risk of aspiration pneumonia and the patient will need subsequent assessment by a speech and language therapist.

Even if pharmacists cannot directly answer questions, they can put patients in touch with the PSP (Europe) Association. This organization was set up by Brigadier Michael Koe and his late wife, Sara, following her diagnosis with PSP. It is now an active national charity, which aims to support patients and carers as well as promote research.

The association employs trained nurse counsellors who are able to give advice by telephone, as well as providing information leaflets. An increasing number of local support groups for PSP afflicted families are being set up: currently there are 16.

References

1 Daniele A, et al. (1999). "Zolpidem in PSP." New England Journal of Medicine 341: 543-4.

2 Litvan I, et al. (1996). "Clinical research criteria for the diagnosis of progressive supranuclear palsy (Steele-Richardson-Olszewski syndrome): report of the NINDS-SPSP international workshop." Neurology 47: 1-9.

3 Litvan I, et al. (2001). "Randomised placebo-controlled trial of donapezil in patients with progressive supranuclear palsy." Neurology 57(3): 467-473.

4 Nath U, et al. (2001). "The prevalence of progressive supranuclear palsy (Steele-Richardson-Olszewski syndrome) in the UK." Brain 124: 1438-1449.

5 Nieforth K and Golbe L (1993). "Retrospective study of drug response in 87 patients with PSP." Clinical Pharmacology 16: 338-346.

6 Rascol O, et al. (1998). "Efaroxan, an alpha-2 antagonist,in the treatment of PSP." Movement Disorders 13: 673-6.

7 Stanford P, et al. (2000). "Progressive supranuclear palsy pathology caused by a novel silent mutation in exon 10 of the tau gene: expansion of the disease phenotype caused by tau gene mutations." Brain 123: 880-893.

8 Steele J, et al. (1964). "Progressive Supranuclear Palsy." Arch Neurol 10: 333-59.

Dr Uma Nath is a Specialist Registrar in Neurology at Newcastle General Hospital. She has donated the fee for this article to the PSP (Europe) Association.

For more information:

The PSP (Europe) Association
The Old Rectory, Wappenham,
Towcester, Northants NN12 8SQ
Tel: 01327 860 299
Email: *psp.eur@virgin.net*
www.pspeur.org

At www.dotpharmacy.com

Interactive Continuing Education

Get a free hour's continuing education!

A Chemist & Druggist educational service, accredited by the College of Pharmacy Practice, offers:

- hour-long seminars on topics ranging from diabetes to Parkinson's disease
- each seminar contains a voiceover, interactive elements, and an online examination
- personal electronic files that record CPD details
- certificates e-mailed to students after each exam success
- passwords and usercodes maintain security
- over 30 hours' worth of seminars online by the end of the year
- online registration and payment.

What's the pr-iCE?

An annual subscription to iCE costs £48.00. This includes access to at least 30 accredited seminars in any 12-month period, your own electronic learning file, and certification for all modules successfully completed.

n-iCE!

Go to Dotpharmacy (www.dotpharmacy.com) and click on the iCE logo. Register as a visitor and you can access a free seminar. If you pass the exam at the end of the seminar you will be e-mailed your own certificate for one hour's continuing education.

Just click on the 'new users register' button on the iCE front page...

For further details contact Mary Prebble on 01732 377269.

Pill and HPV increases cervical cancer risk

Women who are infected with the human papilloma virus and have taken the Pill for a long time are at greater risk of contracting cervical cancer, says a study in *The Lancet*.

Research carried out by the International Agency for Research on Cancer (IARC) also investigated the effect of parity (childbirth) on cervical cancer.

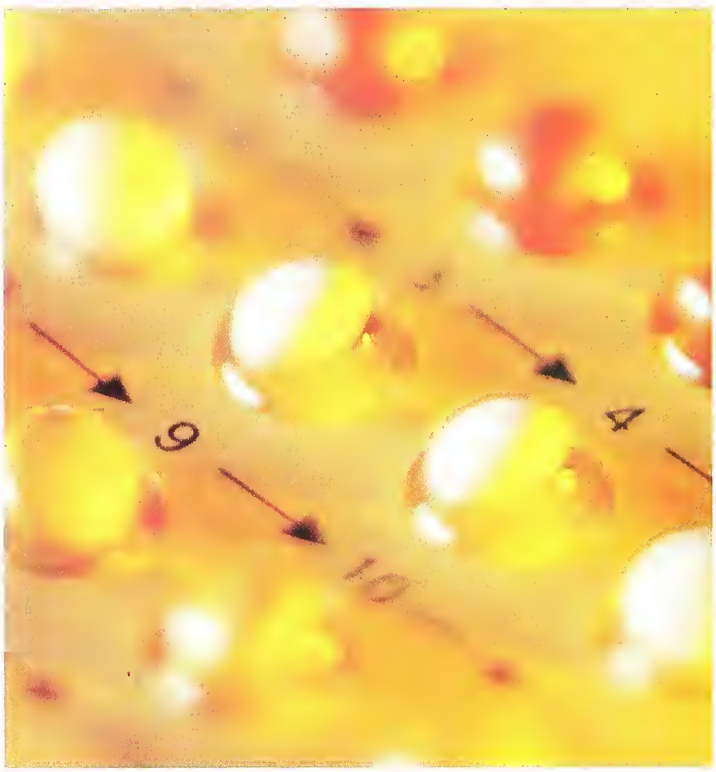
Women who had taken oral contraceptives for less than five years did not have an increased risk of cervical cancer compared with those who had never taken them. However, women who had taken OCs for between five and nine years were more than twice as likely to develop cervical cancer, and those who had taken them for more than 10 years were at four times the risk.

Dr Sheila Adam, director of policy at the Department of Health, has issued a Public Health Link to all health professionals emphasising the importance of sexually active women, especially those on long-term OCs, having regular cervical smears.

She also noted that the studies were carried out in countries that do not have national cervical screening programmes, and these women are therefore at a greater risk of developing the disease.

"The absolute risk of developing cervical cancer in the UK is low, whether women use OCs or not. The benefits of taking OCs outweigh the risks in the vast majority of women who use them," claims Dr Adam.

The second study found a direct association between the number of pregnancies and the risk of squamous-cell cancer. Women who had seven, or more, full-term pregnancies were nearly four times more likely to develop the disease than those who were nulliparous.



In some cases, HPV infection and long-term use of OCs may increase cancer

For more information:
www.thelancet.com
The Lancet 2002; 359: No 9312

Triple anti-HIV therapy best

Combinations of three drugs to treat people who are infected with the HIV virus have been shown to be consistently more effective by a new study in the *British Medical Journal*.

A systematic review of more than 20,000 patients in 54 trials, who had not previously received anti-retroviral therapy, was carried out by researchers in Birmingham.

The odds ratio for disease progression or death for triple therapy compared with double therapy was 0.6. However, there was inadequate evidence for the effectiveness of quadruple, or higher, combinations.

Further research is required to clarify which triple combination is the most effective, conclude the authors.

For more information:
www.bmj.com
BMJ 2002; 324: 757-760

NICE opts for MabThera

The National Institute for Clinical Excellence has recommended the use of rituximab (MabThera) for the treatment of stage three or four follicular non-Hodgkin's lymphoma.

NICE says that rituximab is a "last-line treatment" for patients considered to be unsuitable for conventional chemotherapy.

For more information:
www.nice.org.uk

Headaches and BP are not linked

Severe headaches are not a sign of high blood pressure, moreover, hypertension may even reduce the risk of headaches, according to a study in the *Journal of Neurology, Neurosurgery and Psychiatry*.

In a study of more than 22,000 people in Norway, 28 per cent of the participants suffered repeated headaches, one in four of which were migraine. A systolic blood pressure of greater than 150mm Hg was associated with a 20 per cent lower frequency of headaches across all age groups.

The authors explain that high blood pressure reduces pain sensitivity in the brain and the spinal cord (hypertension associated hypalgesia), and therefore there is no link between headaches and hypertension.

For more information:
www.jnnp.com
JNNP 2002; 72: 463-466

Potent steroids in short bursts help

A short burst of a potent topical corticosteroid is just as effective as prolonged use of a milder preparation for controlling mild or moderate atopic eczema in children, says a study in *BMJ*.

The 174 children with mild-to-moderate atopic eczema were assigned topical hydrocortisone one per cent for seven days or betamethasone valerate 0.1 per cent for three days, followed by base ointment for four days.

The two groups had a similar number of scratch-free days and relapses, and both showed clinically important improvements. Half the patients preferred to use a mild steroid if it controlled the symptoms, and half preferred a short burst of a potent steroid because it reduced treatment time.

For more information:
www.bmj.com
BMJ 2002; 324: 768-71

SPECIALS?

JOB DONE!

THE SYMBOL OF SPECIALS QUALITY ▶

ELDON

FREEPHONE 0800 616132 FREEFAX 0800 163961

Marketwatch

Scriptlines

AstraZeneca SmPC updates

AstraZeneca has updated the Summary of Product Characteristics for Nexium (esomeprazole) and Imdur (isosorbide mononitrate) tablets.

Patients who have difficulty swallowing can now disperse Nexium tablets in half a glass of non-carbonated water. Once the tablets have disintegrated, the liquid with the pellets should be drunk within 30 minutes.

Myalgia has been added to the undesirable-effects section of Imdur's SmPC.

AstraZeneca will remove the Inhalet spacer device (collapsible spacer) from Pulmicort and Bricanyl Spacer Inhalers over the next nine months. Patients who require a spacer are advised to use the Nebuhaler.

For more information:

AstraZeneca
Tel: 01582 836000

Questran colour looks white

Bristol-Myers Squibb has removed the colourings from Questran and Questran Light.

Both now have a white to off-white colour when mixed with water.

In addition, Questran Light is now sucrose-free and the pack size of both products has changed from 60 to 50 sachets.

For more information:

Bristol-Myers Squibb
Tel: 01244 586100

VTE relief from Sanofi newcomer

Sanofi Synthelabo has launched Arixtra (fondaparinux sodium 2.5mg per 0.5ml) solution for injection, the first in a new class of antithrombotic agents, this week.

It is indicated for the prevention of venous thromboembolic events in patients undergoing major orthopaedic surgery of the lower limbs, such as hip fracture surgery or hip-replacement surgery.

The recommended dose is 2.5mg once daily, post-operatively by subcutaneous injection. Treatment should be continued for five to nine days.

Price: £71.68

Pack Size: 10 pre-filled syringes
Pip code: 286-9626
Sanofi Synthelabo
Tel: 01483 505515

Frontshop

Oral-B helps kids to take oral care in Stages

Oral-B Laboratories is launching a children's oral care range that incorporates different stages of dental development.

Oral-B Stages includes four toothbrushes for children to use from the first appearance of a tooth (approximately four months) through to the teenage years.

Developed in conjunction with paediatric dental professionals, each toothbrush is designed with the specific characteristics of a child's jaw and teeth in mind.

The designs also take into account the variations in a child's ability to effectively reach and clean different areas of the mouth, as well as factors that motivate children to brush.

Stage one (four-24 months) has a handle designed for a parent's hand and soft bristles for first teeth and gums.

Stage two (two to four-year-olds) has an easy grip and chunky handle and features Disney characters Winnie the Pooh and friends.

Stage three (five to seven-year-olds) has cup-shaped bristles to surround each tooth and features Disney's Buzz Lightyear and Disney Princesses.

Stage four (eight plus years old) has criss-cross bristles and "cool" graphics.

The range also includes Winnie the Pooh and Buzz Lightyear/ Disney Princesses toothpastes.

A battery-powered toothbrush for children will be added to the range later this month. A replacement brushhead twin pack will also be available.

Price: Toothbrushes £2.39; Toothpaste £1.59 (75ml), Battery toothbrush £14.99; Brushhead twinpack £8.00

Oral-B Laboratories Ltd
Tel: 020 8847 7800

Help restart your natural rhythm

Boehringer Ingelheim is supporting the Dulco-lax laxative brand with a £1 million press advertising campaign over the next six months.

The advertising shows a girl dancing in a moving lift with the strapline, "Help restart your natural rhythm".

The campaign is designed to communicate the liberating feeling that the sufferer experiences once the product has taken effect and constipation is relieved.

The campaign will appear in women's lifestyle and health magazines.

For more information :

Laser Healthcare
Tel: 01202 780558

Fluoride at your fingertips

Organic fluoride-based nail enamel is being introduced into the Almay range.

Almay Healthy Nail Colour with Organic Fluoride Plus is formulated to strengthen, protect and condition the nails.

The range includes an organic fluoride-strengthening complex to help promote healthy nail growth.

It does not contain the harsh ingredients found in some nail enamels, such as formaldehyde and toluene.

The product comes in eight colour shades: Natural, Well Buffed, Pink Glow, Berry Good, Sheer Blush, Healthy Bronze, Radiant Rose and Fresh Melon.

Price: £5.49

Revlon International Corporation
Tel: 0207 284 8700

Tea-ing off...

Roche Consumer Health is supporting Feminax with a regional TV campaign in the north of the UK throughout April.

The "A cup of tea?" commercial relates a familiar monthly scene in which a young woman suffering from period pain overreacts to the offer of a cup of tea by her partner!

Advertising in women's magazines will support the campaign.

For more information:

Roche Consumer Health
Tel: 01707 366000

Galpharm's allergy relief

Galpharm Healthcare has launched a value-for-money hayfever and allergy-relief product to offer consumers a cheaper alternative to leading brands.

Galpharm Hayfever and Allergy Relief contains cetirizine dihydrochloride and is formulated to relieve the symptoms of hayfever, pet or house dust mite allergies, rashes, itching and hives.

The tablets are available in packs of seven (GSL) or 30 (P). Dosage is one tablet daily.

Price: £2.49 (7); £6.99 (30)

Pip code: 284-9537 (7); 284-9545 (30)
Galpharm International Ltd
Tel: 01226 779911

NEW

Let us spray

New Germoloids HC Spray is the first and only OTC spray for haemorrhoid relief. This effective treatment combines the local anaesthetic action of lignocaine, for rapid pain relief, with extra hydrocortisone to help reduce itching and inflammation. Now available in a soothing and discreet 'non-touch' spray. Hallelujah.

WITH LOCAL ANAESTHETIC
germoloids®

What a relief!

Contains Hydrocortisone & Lignocaine Hydrochloride

Germoloids® HC Spray - Product Information. *Germoloids®* HC Spray is an aqueous spray solution containing 0.2% w/w Hydrocortisone BP and 1.0% w/w Lignocaine Hydrochloride BP. Indications: Symptomatic relief of anal and perianal pain and pruritus such as associated with haemorrhoids. Dosage and Administration: *Adults:* Spray once over affected area up to three times daily. *Children:* Not recommended for children under 14 years. Contraindications: Sensitivity to lignocaine or other ingredients. Use on broken or infected skin. To be used externally on anal area only. Warnings and Precautions: The spray should not be used continuously for longer than seven days. Keep away from eyes, nose and mouth. Patients should seek medical advice if persistent pain or bleeding from anus occurs especially if associated with a change in bowel habit, a distended stomach or weight loss. Medical supervision is required if used in conjunction with other medicines containing steroids. Side Effects: Temporary tingling sensation may be experienced. Rarely, hypersensitivity to lignocaine has been reported. Use in Pregnancy: There is inadequate evidence of safety in human pregnancy. Cost: 30 ml tube, £6.99. MA Number: PL 0173/0049. MA Holder: Dermal Laboratories, Gosmore, Hertfordshire SG4 7QR. Sold and Distributed in the UK by: Bayer plc, Consumer Care Division, Bayer House, Strawberry Hill, Newbury, Berkshire RG14 1JA. Legal Category: P. Date of Preparation: February 2002.

Frontshop

X•Cite offers chewers a powerful hit

The Wrigley Company is launching a gum called X•Cite targeted at 16 to 34-year-olds.

The small pearls of gum have an intense mint-flavoured crunchy coating and a long-lasting taste.

The company says that it has developed the gum to deliver an exceptionally "powerful hit" that stimulates the senses.

The gum is available in two flavours: Rush (a powerful mint flavour) and Delight (a sweeter variation of mint).

It comes in striking blue or green packs containing 40 pearls.

The launch will be supported by an £8 million marketing programme, which includes a television advertising campaign.

Wrigley's Orbit has become the first sugarfree chewing gum to be awarded accreditation by the British Dental Association.

The announcement follows a detailed assessment of the brand by an independent panel appointed by the BDA's Health and Science Committee.

Orbit stick products – Orbit Peppermint, Orbit Spearmint and Orbit Ice White – have changed from a five-stick to a larger seven-stick pack.

Orbit White has changed from a flip-top box to a 10-pellet pack with a metallic silver foil design.

Price: X•Cite £0.49; Orbit Peppermint and Spearmint £0.30; Orbit Ice White £0.36

The Wrigley Company Ltd
Tel: 01752 701107

Scriptlines

DT lists vacuum devices

Owen Mumford's vacuum therapy device for patients with erectile dysfunction has been listed in the *Drug Tariff* from April 1.

Two variants, classic and premier, are available, and a video demonstrating use is included.

Vacuum therapy works by applying a vacuum to the flaccid penis to induce an erection, which is then maintained by applying a restriction ring to the base of the penis to prevent blood from returning to the vascular circulation. VTDs are effective in up to 95 per cent of patients, claims the company.

Price: £98.35 (classic), £150 (premier)

Pip code: classic 233-0512, premier 217-4050
Owen Mumford
Tel: 01993 812021

Show a leg with Antistax advertising campaign

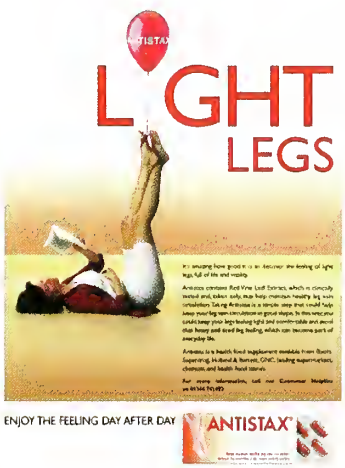
Boehringer Ingelheim is supporting the Antistax health supplement with a new advertising campaign, which is running from April until November.

The advertisements build on last year's "Light Legs" campaign, which was designed to create a new leg-vein health category.

The campaign retains the image of legs in the air tied to the Antistax balloon and features a new strapline, "Enjoy the feeling day after day".

The advertising will appear on posters during the last two weeks of May and August and in women's magazines throughout the summer and autumn.

The campaign is part of a £2 million marketing programme for the brand this year.



For more information :
Boehringer Ingelheim
Tel: 01344 741 493

Ghost story for summer

Cosmopolitan Cosmetics will launch a limited edition women's fragrance in May.

Ghost Summer Breeze combines fresh and floral notes of balbanum, lily of the valley, rose, peach and lotus with the warm notes of vanilla flower, cedarwood, musk and moss.

Price: £27.00

Pack Size: 50ml
Cosmopolitan Cosmetics UK Ltd
Tel: 020 7297 5000

Beach chic from Rimmel

Rimmel London is introducing a limited edition cosmetics collection for summer.

The Rimmel Sun Sexy collection includes Vinyl Lip Gloss (£3.49) in four kissable shades, including Sun Goddess (metallic rose brown), Simply Sexy (golden shimmer) and Chill Out, plus 60-second Nail Polish (£2.69) in Denim Dreams, Sun Goddess, Chill Out and Simply Sexy.

For eyes, there is the melt-proof Jumbo Highlighter Pencil (£2.99), which is suitable for use in high temperatures, and comes in Simply Sexy, Sun Goddess, Denim Dreams and Azure.

The collection is completed with Cooling Bronzing Stick (£3.49) and Sunshimmer Natural Bronzer (£3.99) for the face and body.

For more information :
Coty (UK) Ltd
Tel: 020 8971 1300

TV next week

Anadin: All areas

Aquafresh Toothbrush Max Active All areas except U, CTV

Aquafresh Toothpaste Multi Active Whitening: All areas except U,CTV

Astral Moisturising Cream: All areas + C4 & C5

Clearblue Pregnancy Test Kit: All areas + C5 except GTV, U, CTV, C4, W

Feminax: GTV, B, G, Y, C4, C5

Kalms: C5

Lucozade Sport: All areas except U, CTV

Movelat Relief: C5

Nicorette: All areas

Olbas: C5

Oxy: Sat

Panadol: U

Poligrip: All areas except U, CTV

Solpadeine: All areas except U, CTV

PharmaSite for next week: Solpadeine, Zantac – Window, **Zantac** – In-store, **Germoloids** – Dispensary

A-Anglia, B-Border, C-Central, C4-Channel 4, C5-Channel 5, CAR-Carlton, CTV-Channel Islands, G-Granada, GMTV-Breakfast Television, GTV-Grampian, HTV-Wales & West, LWT-London Weekend, M-Meridian, Sat-Satellite, STV-Scotland (central), TT-Tyne Tees, U-Ulster, W-Westcountry, Y-Yorkshire

Paracetamol – a versatile analgesic

Fifty years down the line and paracetamol is still proving a useful weapon in the war against pain. Dr Geoffrey Brandon, of the Paracetamol Information Centre, looks at the reasons for its popularity

Since its introduction in 500mg tablet form in 1948, paracetamol has played a key role in relieving mild to moderate pain and reducing fever. The adult dosage has remained the same, one or two tablets every four hours to a maximum of eight tablets in any 24 hour period. In general use this has been found to be a very safe and effective treatment – indeed it is now accepted as a first line, extended treatment for osteoarthritis that is free of gastrointestinal problems.[1]

When it was first introduced, the selection of 500mg of paracetamol per tablet was based as much on history as on experimental data, but it has proved itself over the last 50 years. Certainly, in hospital settings the adult dosage has been pushed higher with some gains in efficacy but, for use without medical supervision, the standard recommended dosage produces very good pain relief with safety.

Children's dosages were historically calculated from adult dosages. Liquid paracetamol preparations have proved extremely effective in controlling fever and minor pain in children, particularly in OTC usage. Again, in post surgical use in hospitals the dosages have been pushed higher in pursuit of greater efficacy, but this is unnecessary in the OTC setting.

Differences in size and weight from adult to adult also do not warrant changes in dosage. There is some variation in paracetamol metabolism from individual to individual but nothing that can be usefully predicted. The half-life and overall disposition of paracetamol has been found to be the same in obese and normal subjects,[2] and sex differences are minor and of no practical significance[3] despite a smaller volume of paracetamol distribution in females.[4]

The metabolism of paracetamol is not significantly changed in most types of liver disease and first pass metabolism of paracetamol may actually be enhanced in chronic alcoholics.[3] Paracetamol is usually the mild

Continued on page 34 ▶

"Metabolism of paracetamol is not significantly changed in most liver disease"

Continued from page 33

analgesic of choice for patients in hospital liver units, including patients with cirrhosis. The half-life and volume distributions of paracetamol have also been found to be unchanged in patients with chronic renal failure.[5]

A patient's age does not have any significant effect on paracetamol half-life or clearance and, although there is evidence of altered metabolism in the very young, paracetamol may be given to babies down to three months old, or younger following immunisation.

So, in normal use paracetamol is a versatile and useful analgesic. However, it has a history of toxicity in overdose. Most overdoses are taken deliberately and in the knowledge that they are harmful[6] and, as such, belong to the realm of self-harm and suicide – an area that has always proved difficult for society to tackle despite a great deal of research and effort by appropriate experts.

A rather different issue is that of accidental overdose, or therapeutic misadventure.

A very small minority of patients presenting at hospital has been described as having taken therapeutic paracetamol overdoses. In some cases this has come about through attempts to treat an acute pain such as toothache by taking a large number of paracetamol tablets with a reckless disregard for either the number taken or, more usually, the correct time interval between doses. Two tablets are taken and, because the pain has not been relieved an hour later, another two are taken and so on.

"Contrary to popular belief, alcohol consumption does not increase the toxicity of paracetamol overdose"

These are not truly accidental overdoses as the patient is well aware that the recommended dose has been far exceeded. Such cases are rare as the public is now quite aware that large amounts of paracetamol can be harmful.[6] It has been estimated that these cases constitute far less than one per cent of paracetamol overdose admissions.[7]

From time to time there have been reports in relevant literature of accidental paracetamol overdoses leading to toxicity but most reports lacked clarity about dosages and it was obvious from the typical clinical course, and from drug concentration measurements where available, that substantial acute overdoses had been taken just before admission. This is familiar to experienced staff in A&E centres who know that overdoses are often denied and amounts minimised.[3]

A very high proportion of such "accidental" claims involve alcoholics, indicating that these reports are not dealing with a normal patient population, and alcoholics are notoriously unreliable when it comes to taking a medical history.[3]

Contrary to popular belief, alcohol consumption does not increase the toxicity of paracetamol overdose. Alcohol taken acutely with paracetamol appears to actually confer protection from overdose by competing for the same oxidative enzymes, while there is no evidence that chronic alcohol abuse causes increased amounts of toxic metabolite to be formed in the liver.[8]

It has also been postulated that inadvertent overdoses might occur when several different products containing paracetamol are taken simultaneously, but there are no substantiated cases of this ever leading to liver toxicity.

Although parents frequently fear their child may have accidentally overdosed, poisoning with children's liquid preparations is rarely serious.

Paracetamol is primarily metabolised by the liver. Most of it is combined with glucuronide and sulphate, accounting for about 90 per cent of the dose excreted. About 5 per cent of the dose is excreted unchanged and a further 5 per cent is oxidised to benzoquinoneimine. This is a highly reactive substance that the liver combines with glutathione and metabolises on to harmless excretion products.

In the event of a large overdose there comes a point when glutathione stores in the liver are used up and the production of new glutathione cannot keep up with the rate of benzoquinoneimine production. At this point the benzoquinoneimine attaches to the liver protein and causes liver injury. With the time required for glutathione stores to be depleted, for levels of benzoquinoneimine to build up and liver function to be impaired, it can take two to three days for serious liver damage to become apparent.

Prompt treatment with intravenous N-acetylcysteine (Parvolex) appears to not only restore glutathione supplies but to confer protection by other mechanisms too. When given within eight hours of the overdose, it is virtually 100 per cent successful. Efficacy declines after eight to 15 hours, but there are benefits up to and beyond 24 hours.

Clinical experience shows that, without treatment, liver injury may begin to occur after a single dose of paracetamol of 15g (30 standard tablets) or over. The decision to treat with N-acetylcysteine is based on a nomogram devised by Prof. L F Prescott,[9] and treatment guidelines set out by a consensus of the Directors of the National Poisons Information Service are distributed to all UK hospitals by the Paracetamol Information Centre (PIC).

Complete recovery from paracetamol overdose in the UK is better than 99 per cent. The PIC investigates all reports of deaths from paracetamol overdose; as paracetamol is found present in many autopsies where death is not due to paracetamol, it is important to determine whether death was due to hepatic necrosis. In this way the most accurate mortality figure can be obtained. The good news is that deaths have been falling since 1997–8 and are now at their lowest for nearly 20 years, at 94 deaths in 2000 – less than 5per cent of annual drug overdose deaths. It is possible that this fall is due at least in part to the restrictions on pack sizes enforced by the Medicines Control Agency in 1998.

PIC: tel: 020 8670 5577.

References:

1 Use paracetamol first for osteoarthritis, Guidelines from the American College of Rheumatology (ACR) – PJ (Oct 21, 2000); 265; 597
2 Lee W H et al.; 1981; J Clin. Pharmacol.; 21; 284–297
3 Prescott L F; 1996; Paracetamol (Acetaminophen). A Critical Bibliographic Review. Pub. Taylor & Francis.
4 Miners J O et al.; 1983; Br. J Clin. Pharmacol.; 16; 503–509
5 Lorenthal D T et al.; 1976; J Pharmacology Exp. Therap.; 196; 570–578
6 Hawton K et al.; 1995; BMJ; 310; 164
7 Personal communication. Prof A T Proudfoot, Scottish Poisons Information Bureau.
8 Prescott L F; 2000; Br. J Clin. Pharmacol; 49; 291–301
9 Prescott L F; 1978; Health Bulletin; 36; 204–212

Product Information Nurofen For Children: Suspension containing ibuprofen 100 mg/5 ml. **Prescription and OTC:** For the fast and effective reduction of fever, including post immunisation pyrexia and the fast and effective relief of mild to moderate pain, such as sore throat, teething pain, toothache, earache, headache, minor aches and sprains. **Dosage:** For pain and fever: The daily dosage of Nurofen For Children is 20-30 mg/kg bodyweight in divided doses. This can be achieved as follows: Infants 6-12 months: One 2.5 ml spoonful may be taken 3 to 4 times in 24 hours. Children 1-3 years: One 5 ml spoonful may be taken 3 times in 24 hours. Children 4-6 years: 7.5 ml (5 ml + 2.5 ml spoonful) may be taken 3 times in 24 hours. Children 7-9 years: Two 5 ml spoonfuls may be taken 3 times in 24 hours. Children 10-12 years: Three 5 ml spoonfuls may be taken 3 times in 24 hours. Not suitable for children under 6 months of age unless advised by your doctor. For Juvenile Rheumatoid Arthritis: The usual daily dosage is 30 to 40 mg/kg/day in three to four divided doses. For post immunisation pyrexia: One 2.5 ml spoonful followed by one further 2.5 ml spoonful 6 hours later if necessary. No more than two 2.5 ml spoonfuls in 24 hours. If the fever is not reduced, consult your doctor. For oral administration. For short term use only. **Contraindications:** Hypersensitivity to any of the constituents. Patients with a history of, or existing peptic ulceration. Patients with a history of asthma, rhinitis or urticaria associated with aspirin or other non-steroidal anti-inflammatory drugs. **Precautions and Warnings:** If symptoms persist for more than 3 days, consult your doctor. Do not exceed the stated dose. Caution is required in patients with renal, cardiac or hepatic impairment. Asthma sufferers, anyone allergic to aspirin, receiving any other regular treatment and pregnant women should consult their doctor before taking Nurofen For Children. Nurofen For Children is not suitable for patients who have a stomach ulcer or other stomach disorder. Not recommended for children under 6 months unless advised by a doctor. **Side effects:** Hypersensitivity reactions have been reported following treatment with ibuprofen. These may consist of (a) non-specific allergic reaction and anaphylaxis, (b) respiratory tract reactivity comprising of asthma, aggravated asthma, bronchospasm or dyspnoea, or (c) assorted skin disorders, including rashes of various types, pruritis, urticaria, purpura, angiodema and, more rarely, bullous dermatoses (including epidermal necrolysis and erythema multiforme). Side effects are rare but may include abdominal pain, nausea, dyspepsia and gastrointestinal bleeding and peptic ulceration. Also very rarely thrombocytopenia has been reported. Bronchospasm may be precipitated in patients with a history of aspirin sensitive asthma. **Product Licence Number:** PL 00327/0085. **Licence Holder:** Crookes Healthcare Limited, Nottingham, NG2 3AA. **Legal Category:** P. **Price:** Pack size 100ml: £3.35 Pack size 150 ml: £4.59. **Date of preparation:** June 2001. NU281.

Nothing cools kids faster, further or for longer

Because it works where it's needed, nothing else gives faster, further or longer lasting relief from fever than ibuprofen – the active ingredient in Nurofen for Children. Which means there's nothing else quite like it for keeping children cool and parents calm.

CROOKES HEALTHCARE

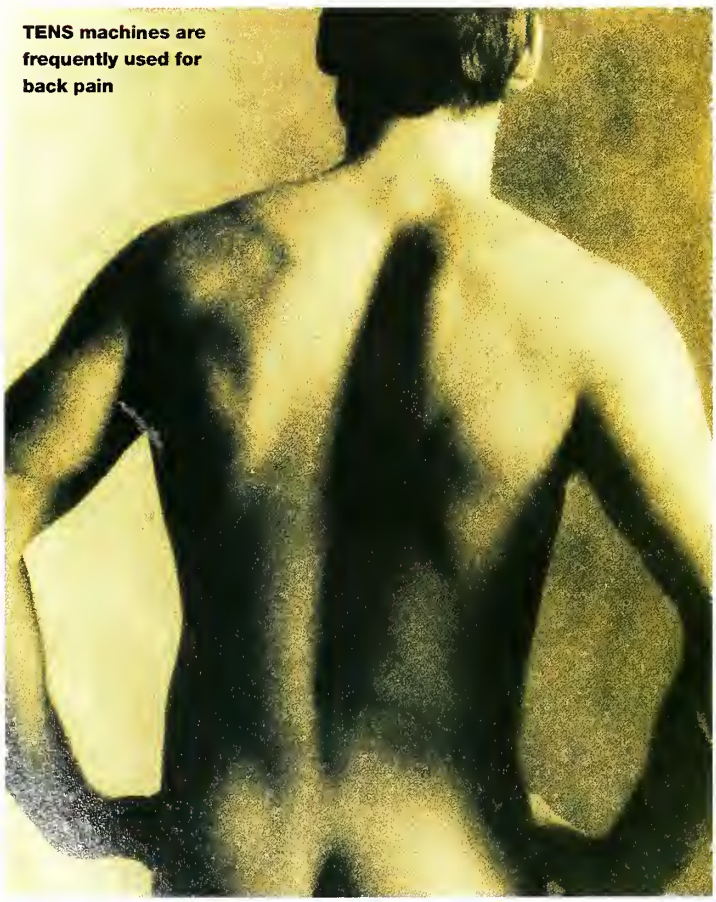
More power, less pain

With competition growing in the analgesics market, TENS machines offer a unique sales opportunity, says Vanessa Sherwood

Transcutaneous Electrical Nerve Stimulation (TENS) is described as a "safe and highly practical pain relief system, effective at relieving acute and chronic pain". TENS machines are popular in pain clinics and physiotherapy departments as reducing pain levels may lower the need for analgesics.

TENS products can be used to treat a range of conditions including arthritis, back pain, sports injury pain and dysmenorrhea. It is also claimed that they are useful in nausea, stress and travel sickness.

The TENS machine works by using electrodes to stimulate nerve fibres in two ways:



TENS machines are frequently used for back pain

- a high frequency mode (100Hz) stimulates the large sensory nerve fibres to create a "gate", switching off the smaller nerve fibres which carry pain messages to the brain. This has a similar effect to rubbing your elbow when you have hit it
- a low frequency mode (10Hz) stimulates the release of endorphins. The effect takes some time to build up.

Machines come with instructions on where electrodes should be placed, but this is usually wherever the pain is greatest. The second choice is major acupuncture points.

Electrodes need to be replaced regularly but should last for about 20-30 uses, depending on skin conditions, type of stimulation, storage method and climate conditions.

Most people immediately benefit from TENS, but the degree of relief varies and some people may need to use their TENS machine more frequently. A minority of users only feel the benefit after repeated treatment over a long time.

Treatment sessions resulting in muscle contractions should not exceed 20 minutes, otherwise the TENS machine should be used for not less than 20 minutes. According to manufacturer TensCare, neither extended sessions lasting for many hours nor repetitive use are harmful.

TENS machines are available as digital or analogue versions. Although digital machines tend to be more expensive they have several advantages, such as more precise control, pre-programmed multiple waveforms, intensity increased in fixed steps, and longer battery life.

Digital "flip" TENS machine

ENDOR3000, a good value analogue unit (RSP £46.41 including VAT), is similar to those used in the NHS and has large controls suitable for people who are less dextrous. TENS machines are exempt from VAT for chronically sick people.

A TENS machine should never be used for undiagnosed pain or by those fitted with demand pacemakers. Although some machines are used for labour pains, the safety of TENS during pregnancy has not been established.

- *During the last year TENS machines manufactured by TensCare for a major pharmacy chain have been launched in Asda pharmacies and are featured in the AAH Home Health Catalogue. Other manufacturers include Omron Healthcare and Shire Design Electronics.*

TensCare tips for successful TENS machine sales in pharmacy:

- **Train your staff** - they are your number one selling tool. Let them use the units if required and use their personal experience to sell the machines.
- **Display the machines.** Products need to be seen both in and out of the box - use display cabinets.
- **Target specific groups of patients** e.g those on long-term repeat prescriptions for analgesics or non-steroidal anti-inflammatory drugs.

What is the evidence for the effectiveness of TENS machines?

Despite being introduced more than 30 years ago the effectiveness of TENS is still controversial.

Evidence for TENS has been systematically reviewed by the Cochrane Library and by *Bandolier*, which produces evidence-based healthcare reviews.

The Cochrane reviews of TENS included osteoarthritis of the knee, primary dysmenorrhoea, chronic pain and chronic low back pain.

- **Knee OA:** TENS was shown to be more effective in pain control than placebo but the reviewers suggested that more well-designed studies with an adequate number of participants are needed to conclude the effectiveness of TENS in the treatment of OA of the knee.
- **Dysmenorrhoea:** high frequency TENS was found to be effective in a number of small trials, but there was insufficient evidence about the effectiveness of low frequency TENS.
- **Chronic low back pain:** the meta-analysis carried in August 2000 found no evidence to support the use of TENS in the treatment of chronic low back pain.
- **Chronic pain:** results were inconclusive and multi-centred randomised controlled trials of TENS are needed for chronic pain.

Bandolier concluded that TENS does not alleviate labour pain or post-operative pain and further trials are required to prove that it is effective for chronic pain.

New

12 pack now available

Paracetamol 500mg, Codeine 8mg, Caffeine 30mg

Ultramol

Soluble

strong fast acting pain relief

ULTRAMOL Prescribing Information Indication: For the relief of most painful and febrile conditions **Presentation:** Effervescent tablets each containing Paracetamol Ph.Eur. 500 mg, Codeine Phosphate Hemihydrate Ph.Eur. 8 mg and Caffeine 30 mg. Supplied in boxes of 12 tablets. Retail price of 12 tablets (ex. VAT) £1.60 PL 11780/0082 **Dosage:** For oral administration only. The effervescent tablets should be dissolved in at least half a tumblerful of water before ingestion. **Adults, elderly and children aged 12 years or more:** Oral administration only. Two tablets dissolved in at least half a tumblerful of water taken up to four times daily if required. These doses should not be repeated more frequently than every 4 hours. No more than 4 doses should be given in any 24 hour period. **Contraindications:** Children under 12 years. Hypersensitivity to paracetamol, codeine phosphate or caffeine. **Warnings:** Special care should be observed in any patients with severe renal or hepatic impairment. The hazard of overdose is greater in those with non-cirrhotic alcoholic liver disease. Do not exceed the recommended dose. Do not take with any other paracetamol containing products. If symptoms persist, consult your doctor. Keep out of the reach of children. Immediate medical advice should be sought in the event of an overdose even if you feel well, because of the risk of delayed, serious liver damage. Excessive intake of tea, coffee or cola with these tablets may make patients tense and irritable. Nursing mothers should also be advised to avoid these beverages as irritability and poor sleeping patterns have been observed in breast-fed infants. Each tablet contains 362 mg sodium which may be harmful to patients on a low sodium diet. **Interactions:** With domperidone, metoclopramide, cholestyramine and warfarin (and other coumarins). **Side-effects:** Rare, but hypersensitivity (including skin rash) and blood dyscrasias have been reported. Codeine can cause opioid effects, e.g. constipation, nausea, vomiting, dizziness, light-headedness, confusion, drowsiness, urinary retention. Frequency and severity depend upon dose and duration of therapy and patient susceptibility. Tolerance and dependence can occur, especially with prolonged high dosage of codeine. Caffeine may produce headache, tremor, nervousness, irritability, sleeplessness, palpitations and gastric irritation. **Legal Category:** P **Further information is available from:** Sterwin Medicines Ltd. PO Box 611, Guildford, Surrey, GU1 4YS **Telephone:** (01483) 554 410 **Fax:** (01483) 554810 **Date of Preparation:** September 2001 **Reference:** STW 0037

STERWIN MEDICINES

Pharmacy's strength

The advice of pharmacists is still important to some analgesic customers

Pharmacists are the first port of call for patients seeking advice on stronger painkillers, says GlaxoSmithKline in its latest report on the over the counter pain relief market. Consumers looking for targeted relief for specific pain are more likely to ask for advice in the pharmacy.

Panadol ActiFast tablets, launched last year, contain paracetamol and sodium bicarbonate, to help improve absorption. GSK has allocated £2.8 million to support the brand during 2002.

Solpadeine, first launched 30 years ago, is the number one pain killer that is sold exclusively through pharmacies. According to research carried out by Taylor Nelson, on behalf of GSK, Solpadeine customers spend five times more in pharmacy each year than customers purchasing the next most popular brand. They also visit the pharmacy more frequently than customers buying any other pain reliever.

Managing migraine

In Western Europe and the USA 11 per cent of the population suffer from migraine: 6 per cent of men and 15-18 per cent of women. A review of migraine in the *New England Journal of Medicine* recently also said that most migraine sufferers in the USA have never received a medical diagnosis of migraine and use OTC medicines to the exclusion of prescription drugs (*NEJM* 2002; 346: 257-270).

Pfizer Consumer Healthcare, manufacturer of Migraleve, is helping to educate pharmacy staff and customers about migraine. *Migraine, a Piece-by-Piece Guide* and *A Parent's Guide to Childhood Migraine* are available free for pharmacies to give to patients by calling the Pfizer Consumer Healthcare Advisory Bureau on 02380 628 274.

A CDRom-based pharmacy training programme is aimed at increasing pharmacy knowledge and understanding of migraines including diagnosis, management and treatment recommendations.

Pharmacy staff can also direct sufferers to the Migraleve helpline on tel: 020 7617 0067.

Q&A

This prescription is presented to you on an FP10(MDA) form, and you are satisfied that it is genuine and legally valid. But that is not the problem on this occasion, as the Pharmacy Practice Department at King's College London explains...

NAME A. N. Other

Age if under 12 years

yrs. mths.

Address 1 Any Street
Any Town
Anywhere

Pharmacy Stamp

Pharmacist's pack & quantity endorsement	No. of days treatment N.B. Ensure dose is stated		NP	

RX
Methadone Mixture 1mg/ml
35ml daily for 21 days from 9/4/02-29/04/02 (supply 70ml on Saturdays for Sat/Sun) = 18 instalments
Supply 735ml (seven hundred and thirty five ml)

Rx
Diazepam tab 10mg
ii daily on above dates
Supply 42 tablets

Can the quantities on this prescription be supplied as requested?

ANSWER: The quantities of methadone mixture requested may be supplied. Although 14 days supply is the maximum that should be prescribed, the Prescription Pricing Authority will authorise payment for a longer period. It will inform your Health Authority (in England and Wales) so that the prescriber can be reminded what the maximum is, and that it should not be exceeded.

FP10(MDA) forms can only be used for Schedule 2 CD drugs and Schedule 3 buprenorphine prescribed and dispensed in instalments. It cannot, therefore, be used for prescribing diazepam. The PPA would disallow payment on this element of the form and send a copy of the form (attached to a "Disallowed – referred back" proforma) to the pharmacist.

If the diazepam was included on an FP10(HP)(ad) form, the PPA would reimburse the total cost but give only one fee.

Please e-mail your views to chemdrug@cmpinformation.com

Debating a matter of money

It is rather sad that a learned profession needs to have a public debate over something that seems as self evident as the reason for paying locum expenses. It is sadder that the question posed is, in itself, so divisive in drawing a distinction between employer/proprietor on the one hand, and employee pharmacist on the other (*see March 9, Your Views, p38*).

While Mr Tanna might be happy to waste his money, saddest of all is that there should be any suggestion of contributing more of the profession's limited resources to the bulging coffers of the legal profession.

Surely the profession wishes to promote good practice. If that means the mandatory presence of a pharmacist locum, then expenses should be reimbursed by our Society. How else can we continue to argue that these should be payable for the involvement of pharmacists in the myriad committees set up within Blair's modernised NHS?

Perhaps the Council's terms and conditions should indicate that the reason for paying locum expenses (and other genuine out of pocket expenses) is to avoid those involved in serving their colleagues being out of pocket. The sole criterion would then be whether the individual is practising in a capacity where a registered pharmacist (and therefore locum cover) is required and has necessarily incurred the expense.

Equally, if corporate bodies can show they have incurred additional costs due to the absence of a member of staff serving on Council there might be a case for reimbursement.

The reported response from the Secretary & Registrar appears a little obtuse and it may be unfair to comment on an interpretation of her reply, since that is all we have to go on. Mr Tanna, however, makes a good point. Is Miss Lewis referring to those responsibilities of a pharmacist that would require a locum, or to those of a "proprietor"?

If it is the latter, what are the specific responsibilities of the proprietor (as opposed to the superintendent pharmacist) under the Medicines Act to which she is referring?

Stephen Axon
Amersham, Bucks.

A question of branding?

Could I enquire of GSK, via your letters column (a more certain means of getting a reaction?):

- Why does GSK treat Malarone as a ZD line? I note the Prescription Pricing Authority treating it as such as well.
- How much longer is Asacol going to be treated as a GSK line when it is, in fact, now a Procter & Gamble brand?

The reason for the latter question is that, to maximise my discounts from GSK using my NDC Pharmacy Manager system, I have to set up order "rules" for all GSK lines, which I do by specifying that GSK manufactured products are ordered from a specific wholesaler

We were caught out when Asacol suddenly, after a monthly update, started coming from another "supplier". I believe NDC use the *C&D Price List* database to determine who makes a product, so it would simplify matters if all GSK lines were "made" by GSK!

My current GSK manufacturers include Glaxo Laboratories, Glaxo Wellcome UK, GSK Consumer Health, SmithKline Beecham, Allen & Hanbury's, Ceuta, and Beecham Research Laboratories .

As regards Malarone, I have still not quantified my GSK discounts for January because of insufficient data about my ZD buying compared to my "normal" buying, and because GSK failed to link a new wholesaler, Mawdsleys, to my existing "account".

Alf Hawkins
Hazlemere Pharmacy,
High Wycombe

Advancedinfo

APRIL 16-17
Preparing for LPS pilot status, a medM conference at the Winterhill Conference Centre, Milton Keynes.
Tel: 01908 671137
www.medm.co.uk

APRIL 17
Crossroads for Pharmacy, a Pharmacy Management seminar at the RPSGB, London.
Tel: 0800 [illegible]4
seminar@pharmaceutical.co.uk

APRIL 27-28
IPMI Spring Conference in Salisbury, Wilts. Provisionally at the White Hart Hotel. Further information from Nicholas Wood on 01277 823889

APRIL 29
21st Century medical science. Challenges and Dilemmas, the 18th Wallace Hemingway Memorial Lecture at Bradford University. For more information please contact Joyce Kearney on 01422 201201 or Simon Tweddell on 01274 235241.

MAY 8-11
European Society of Clinical Pharmacy Spring Conference *Pharmaceutical Care: The Hospital-Primary Care Continuum* in Portoroz, Slovenia.

MAY 9-10
British Association of Pharmaceutical Physicians workshop in the Thames Valley *Marketing Works but How?*.
Tel: 0118 934 1943 or
www.brapp.org

MAY 10-11
Primary Care 2002 at NEC, Birmingham.
Tel: 0151 709 8979
www.sterlingevents.co.uk

MAY 14
Designing successful LPS pilots, a medM conference at the Winterhill Conference Centre, Milton Keynes.
Tel: 01908 671137
www.medm.co.uk

MAY 14-15
Proteomic Congress – Creating proteomics business, at the Café Royal, London.
Tel: 020 7840 2700.

MAY 15-16
Introduction to Health Economics, a medM conference at the Winterhill Conference Centre, Milton Keynes.
Tel: 01908 671137
www.medm.co.uk

Benadryl One-A-Day & Benadryl On A-Day Relief. Presentation: Cetirizin 10mg. Uses: Symptomatic treatment rhinitis and urticaria. **Dosage:** Benad One-A-Day, Adults and children 6 years and over: One tablet daily. Benadryl One-A-Day Relief, Adults a children aged 12 years and over: On tablet daily. **Contra-indications:** Hypersensitivity to any of the ingredients. Breast-feeding. **Precautions:** As with other antihistamines avoid excessive alcoh consumption. **Pregnancy:** Not recommended. **Side effects:** Rarely, headache, dizziness, drowsiness, agitation, dry mouth or gastrointestin discomfort. **RRP:** Benadryl One A Da 14 £7.95 (£6.77 ex-VAT). Benadryl On A Day Relief, 7 £4.45 (£3.79 ex-VAT) Legal category: Benadryl One A Day Benadryl One A Day Relief, GSL. PL Holder: UCB Pharma Ltd, 3 George Street, Watford, Hertfordshire, WD1 8UH. PL Number: 08972/0032. Furth Information available from Pfizer Consumer Healthcare Chestnut Avenue, Eastleigh, Hampshire. SO53 3ZQ. Date of preparation: February 2002.

Benadryl Plus Capsules
Presentation: Acrivastine 8mg and pseudoephedrine 60mg. **Uses:** Allerg rhinitis. **Dosage:** 12-65 years: One capsule as necessary, up to three tim a day. **Contra-indications:** Hypersensitivity to any of the ingredients or triprolidine; hypertension, renal impairment or severe heart disease; use with MAOI **Precautions:** Diabetes, hyperthyroidism, heart disease, hypertension, glaucoma or prostatic enlargement. It is usual to advise patients not to undertake tasks requiring mental alertness whilst und the influence of alcohol or other CNS depressants. Patients taking sympathomimetics, antihypertensive and tricyclic antidepressants. **Pregnancy & Lactation:** Not recommended. **Side effects:** Rarely s rash, drowsiness, urinary retention o CNS excitement. **Price:** 12s £4.99 (£4 ex-VAT), 24s £8.99 (£7.65 ex-VAT) Legal category: P. PL holder: Warner Lambert Consumer Healthcare, Eastleigh, SO53 3ZQ. PL no: 15513/0017. Date of preparation: Ma 2001.

Benadryl Allergy Relief
Presentation: Acrivastine 8 mg. **Uses** Allergic rhinitis. **Dosage:** 12-65 years one capsule up to 3 times a day. Con indications: Hypersensitivity to acrivastine or triprolidine or significa renal impairment. **Precautions:** It is usual to advise patients not to undertake tasks requiring mental alertness whilst under the influence alcohol or other CNS depressants. **Pregnancy & Lactation:** Not recommended. **Side effects:** Rarely, drowsiness. **Price:** 12s £ 4.35 (£3.70 VAT), 24s £7.55 (£6.43 ex-VAT). Leg category: P. PL Holder: Warner Lam Consumer Healthcare, Eastleigh, SO 3ZQ. PL no: 15513/0035. Date of preparation: March 02.

Benadryl Skin Allergy Relief Crean and Lotion
Presentation: Cream or lotion containing Diphenhydramine hydrochloride 1%, Zinc oxide 8% a Camphor 0.1%. **Uses:** relief of skin allergies and irritations. **Dosage:** Ap topically to affected area three or fo times a day. **Contra-indications:** Chickenpox, measles or broken skin except under medical supervision. Concomitant use with other diphenhydramine-containing drugs **Precautions:** Do not apply to broke skin or mucous membranes. Avoid contact with eyes. **Side and adverse effects:** Rarely skin irritation or sensitivity. **Price:** Cream and Lotion £3.02. Legal category: P. PL holder: Warner Lambert Consumer Healthc Eastleigh, SO53 3ZQ. PL numbers: Cream: 15513/0078, Lotion: 15513/0077. Date of preparation: M 2001.

Benadryl One-A-Day Window Challenge

contains cetirizine

No one-a-day allergy tablet works harder

Pfizer Consumer Healthcare is celebrating its latest product launch – Benadryl One-A-Day – by challenging pharmacy businesses to maximise their profit opportunity during National Allergy Week (commencing May 13, 2002).

Benadryl Allergy Relief is currently the market leader within the £26 million OTC allergy pharmacy sector, with a market share of 21.4%[1]. Benadryl One-A-Day is the newest addition to the Benadryl Allergy Relief portfolio and is a non-drowsy antihistamine that offers the convenience of once-daily dosing. Its fast-acting, long-lasting relief from allergies is set to become a big hit with consumers and is likely to bring an even bigger opportunity for pharmacy businesses.

While allergies can be caused by anything from household pets to certain foods, hayfever – also known as seasonal allergic rhinitis – is a condition that affects sufferers between April and August every year. As a result, pharmacists are being called upon more than ever before to offer their advice on the condition.

Businesses now have a chance to make the most of this key selling period by rising to the Benadryl One-A-Day Window Challenge. The challenge itself is simple – dress your window to draw people's attention to hayfever and allergy relief.

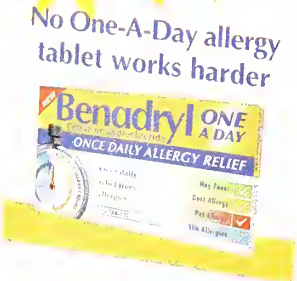
The owner of the best-dressed window will be awarded a computer programming package developed by Independent Business Consultant Richard King, called "Profit Maker", developed especially for independent pharmacies. The program looks at both the retail and professional dispensing side of the business.

In addition, an experienced merchandiser will be on-hand to dress your window ahead of your next key selling period in order to help you make a greater impact this coming season.

To develop an eye-catching display, Benadryl has updated it's hanging window display materials, and has a new counter display unit – all available free from your local Pfizer Consumer Healthcare representative.

All participants must send a good quality photograph of their hayfever window display to: Benadryl One-A-Day Window Competition, c/o *Chemist & Druggist*, CMP Information, Sovereign Way, Tonbridge, Kent TN9 1RW.

Include a contact name, and the pharmacy address and phone number. The deadline for entries is June 1, 2002.



References:
1. A C Nielsen Pharmacy & Grocery combined MAT November/December 2001, (exc BTC)

Competition Terms and Conditions

1. This competition is open to all independent pharmacies in the UK. Only one entry is permitted per pharmacy.
2. The judges' decision is final and no correspondence will be entered into.
3. All entries must be received by Chemist & Druggist by noon on June 1, 2002.
4. Chemist & Druggist & Pfizer Consumer Healthcare accept no liability for any entry not received for whatever reason.
5 The owner of the pharmacy with the best dressed window will receive the prize specified. There is no cash alternative.
6. The winner will be notified, by post by June 14, 2002.
7. The name of the winning pharmacy can be obtained by sending a SAE to Munro & Forster Communications, 89 Albert Embankment, London SE1 7TP.

Life in the slow lane

Is the pharmaceutical industry too slow in taking up advances in technology asks Charles Jaffe, director of medical information at AstraZeneca Pharmaceuticals

Back in 1986 computer analysis of migratory wildlife in North America was able to confirm the demise of an endangered species within 60 days.

In February of the same year, the US Food and Drug Administration (FDA) authorised the Phase 2 trials of zidovudine for treatment of patients with advanced AIDS. However, more than eight months went by before the data analysis confirmed the 19-fold death rate in the placebo group.

Unfortunately, most clinical research data is not evaluated any faster today. In a community beholden to innovation and change, we stubbornly cling to the antiquated rituals of paper-based clinical trials.

For every day in which the approval of a new drug is delayed, there is a revenue loss exceeding £1 million. Very few industries have documented the extraordinary expenses related to product postponement and have done little about it.

Both in the United States and in Europe, fewer than 5 per cent of all clinical trials employ computer technology for data capture, clinical research record keeping, patient tracking, protocol management or laboratory reporting.

Much worse, statisticians are forced to wait until the paper results are manually entered before data analysis can proceed.

This is not to say that the industry is unresponsive. Today, there are more than 60 companies worldwide with software technologies developed to address these issues. Unfortunately, many have limited experience and relatively few comparative data to support their claims.

In order to justify product deployment and further development, these systems must demonstrate clear superiority to paper-based studies in head-to-head comparisons. This is nearly an impossible demand in the face of rising costs for clinical trials.

In university medical departments and large research centres there is great reluctance to tackle the initial steep learning curve. In addition, American and European government regulation of electronic data collection and transmittal is onerous.

The bible of electronic transactional resources for clinical trials, published by the FDA, is affectionately known as 21 CFR 11. Although it does not codify all the standards defined in federal regulations and presidential edicts, it helps to interpret these evolving rules and policies. To the dismay of the industry, it is a moving target. Both the courts and government agencies have still to rule on many of the details.

There is a yet greater perceived risk on the part of pharmaceutical industry than the clouding or even loss of data. Beyond the scope of data capture and tracking lies the issue of security and patient privacy. In fact, the current state of computer technology permits both the subject demographics and protocol content to be stored on a remote data warehouse, safeguarded from casual inspection and secured on redundant repositories.

Nowhere is this issue more poorly understood than in the halls of the US Congress. Remarkably, the task of protecting confidentiality may be less demanding when research data is maintained in a paper record.

The benefits of computerised clinical trials go far beyond enhanced data entry or rapid analysis and evaluation of results. Although these processes can be readily documented, the ability to monitor oversights and errors of data capture and integrity can be appreciated at the time and place of entry.

Clinicians and study nurses can be prompted for results, reminded of omissions, and alerted to potential errors. These "smart prompts" may be tailored for both site- and study-specific issues, including lab requirements, diary input and demographic matching.

The loathsome vision of libraries of protocols bulging from three-ring binders may become a distant memory.

Even automatic protocol updating and notification of form changes would be an improvement.

Lab verification could be automated. Visits from clinical research organisations and monitors could be devoted to more useful tasks because the entry of clinical findings could be validated at the point of care.

Tomorrow's technology offers faster trials as well as secured data.

The clinical record of the not-so-distant future must be tied to the data requirements of clinical research. Patient care, best practices and drug development will be married by a common bond of improved outcomes, including cost containment and rapid deployment of technology.

Subject recruiting will be unnecessary, investigator meeting will be held online, and clinician satisfaction will again climb.

Classifiedads

Appointments £27.00 P.S.C.C. + VAT minimum 3x1.
General classified £18.00 P.S.C.C. + VAT minimum 3x2.
Box Numbers £15.00 extra. Available on request. Copy date noon Tuesday prior to Saturday publication.
Cancellation deadline 10am Friday; one week prior to insertion date. All cancellations must be in writing.
Contact Debra Thackeray, Chemist & Druggist (Classified), CMP Information Ltd, Sovereign Way, Tonbridge, Kent TN9 1RW. Telephone 01732 377493, Fax: 01732 377179. Internet: http://www.dotpharmacy.co.uk

All major credit cards accepted

Accountants

Do you want to grow and improve your cashflow?

We specialise in dealing with retail pharmacies.

Test your accountant	Yes	No
1. Is he aware of expected gross profit margin within retail chemist business?	❑	❑
2. Is he aware of how goodwill of retail chemist is valued generally?	❑	❑
3. Is he aware of the payment methods of the PPA?	❑	❑
4. Is he aware of the average stock holdings of retail chemists of similar size to yours?	❑	❑
5. Is he interested in your business? And the future of your business?	❑	❑
6. Is he imaginative and proactive?	❑	❑
7. Does he guide you on how to increase your profits?	❑	❑
8. Does he insist on and help you prepare quarterly management accounts so that you know what profit you are making? What tax you will have to pay and discuss your profit margins with you so that you can work towards improving these and therefore your net profit?	❑	❑
9. Does he have contacts in the pharmaceutical industry with stock takers, EPOS providers, shop fitters, purchase/sale agents, and specialist finance providers?	❑	❑
10. Is your top rate of tax 20%? If not, why not? Are you therefore paying 40%?	❑	❑
11. Has he reduced your tax liability by 50% annually by restructuring your business. Average tax savings would be about £8,000 p.a.	❑	❑
12. Has he suggested the possibility of setting up a personal or company pension scheme (SIPPS or SSASs)? This would enable you to get tax relief and allow you to purchase commercial properties in your pension fund, without having to pay capital gains tax	❑	❑
13. Can he set up employee benefit trusts, allowing you to obtain a full tax deduction for payments made e.g. payments of £50,000 can reduce your tax liability by about £10,000	❑	❑
14. Can he set up an ERP? There are significant tax advantages of this scheme if set up correctly.	❑	❑
15. Has he set up offshore companies and trusts that allow you to accumulate vast amounts of wealth totally tax-free?	❑	❑
16. Does he help you plan to keep your wealth? Have you done your Inheritance tax planning?	❑	❑
17. Does he plan for the future sale of your business? The worst scenario should be a 10% tax liability, the best is no tax liability.	❑	❑
18. Do you receive advice throughout the year on how to reduce your tax bills?	❑	❑
19. Does he help you to source commerical properties?	❑	❑
20. Does he prepare your accounts and tax returns on a timely basis?	❑	❑

If your answers are mainly NO you need our services urgently, contact us now.

Please call for more information or for a free consultation.

Phone 020 7433 1513
Hutchings Modi & Co

Specialist accountants and tax consultants to retail pharmacies

www.hutchingsmodi.co.uk

Appointments

EAST ANGLIAN PHARMACEUTICALS LIMITED

REQUIRE

PROMOTIONAL/O.T.C. BUYER MANAGER

The successful candidate would be expected to have good experience within the chemist/grocery trade in all aspects of ordering non-prescription items. He/she would also be expected to organise promotions for products and ranges of goods on a monthly and annual basis. We are looking for someone with the flair and entrepreneurial skills to negotiate favourable prices which will in turn lead to strengthening and extending our range.

We may be prepared to consider relocation expenses for the right candidate. All normal perks available such as non-contributory pension scheme, four weeks holiday etc. Salary by negotiation.

Applications in writing to the Managing Director, East Anglian Pharmaceuticals, Pinetrees Business Park, Pinetrees Road, Norwich, NR7 9BB.

Full Time/Part Time Dispenser required for busy chemist shop in South Norwood. Experience preferred but not essential as training provided.
Send cv to:
T. Williams
Beal & Son Chemist
3 High St, South Norwood, SE25 6EP

Business sales

New Horizon Sales *direct*

Thinking of buying or selling a business ***this year?***
New Instruction

South Birmingham Area: Established pharmacy t/o circa £450K GP of around £120k & dispensing approx 3100 NHS items pm no nursing homes, no weekends and low overheads!
Price£300,000 for the benefit of the goodwill F & F

Further instructions available shortly-register your requirements now

Visit our interactive website **www.pharmacybroker.co.uk**
or
Telephone Steven Spurrier on 01584 811411 or 0121-585 3093
07815 787366 evenings &weekends

Offices in South Worcestershire and West Midlands

Businesses wanted

NORTH WEST ENGLAND

Independent chain wishes to acquire Single Pharmacy or small Group.
Don't give up your independence, sell it on!
For a rapid decision made in the strictest confidence contact:

Gary Sawbridge
Tel: 0151 494 2122 or 0780 1231615 (Mobile)
David Turner
Tel: 0151 727 1437 or 0777 9791714 (Mobile)

Chemicare Health Ltd

Selling up?

Our progressive chain of over 60 shops is keen to acquire pharmacies in SE England and East Anglia, leasehold or freehold.

Call Tony Hough on 020 8689 2255 ext 221, or mobile 07740 878836.
All enquiries treated in strictest confidence.

Day Lewis House, 324 Bensham Lane, Thornton Heath, Surrey CR7 7EQ
email: DayLewis@aol.com Fax: 020 8689 0076
www.daylewisplc.com http://www.daylewisplc.com

DAY LEWIS

Kendalls DYL121

Holiday let

To let at Trou-aux-Biches MAURITIUS

Self-catering holiday home from £8 daily per person, including courtesy car on arrival.

Fully furnished and only 3 minutes to beach.

Telephone: 01708 720800
or www.coco-villas.com

Locums

www.pharma-syd.co.uk

Pharma-Syd

EMERGENCY LOCUM PHARMACIST

Availability on website.
Updated with every booking

Mr Syd Bashford
East Yorkshire

Tel: 01482 881891
Mobile: 07946 649366
syd@pharma-syd.co.uk

[illegible]e boxes wanted

Wanted
Empty PI medicine boxes. Information company needs imported prescription medicine boxes.
Payment per box.
Please phone 01702 425125
for freepost container.

Products and Services

Mashco Plc

Photo, Electrical & Perfumes April 02

OMRON **SPECIALS**

£20 Off Retail

OMRMX3
- Fully Auto Arm Blood Pressure Monitor
- Mains or Battery operated

SSP £69.95 to £49.95
POR 30%
IP £30.72
NET £29.95

£20 Off Retail

OMRRX
- Fully Auto Wrist BPM

SSP £79.95 to £59.95
POR 30%
IP £36.61
NET £35.70

Tel: 020 8204 2224 Fax: 020 8204 0224

Email: sales@mashcoplc.com

E & OE Net prices are after settlement discount of 2.5% Subject to availability

CAMRx

PHARMACY DEVELOPMENT GROUP

Whose fault is it when you do not optimise your profits

and position your Pharmacy to respond to the NHS Plan of Lord Hunt?

CAMRx Pharmacy Development Group will introduce you to the benefits.

For further details contact Pauline at Head Office on

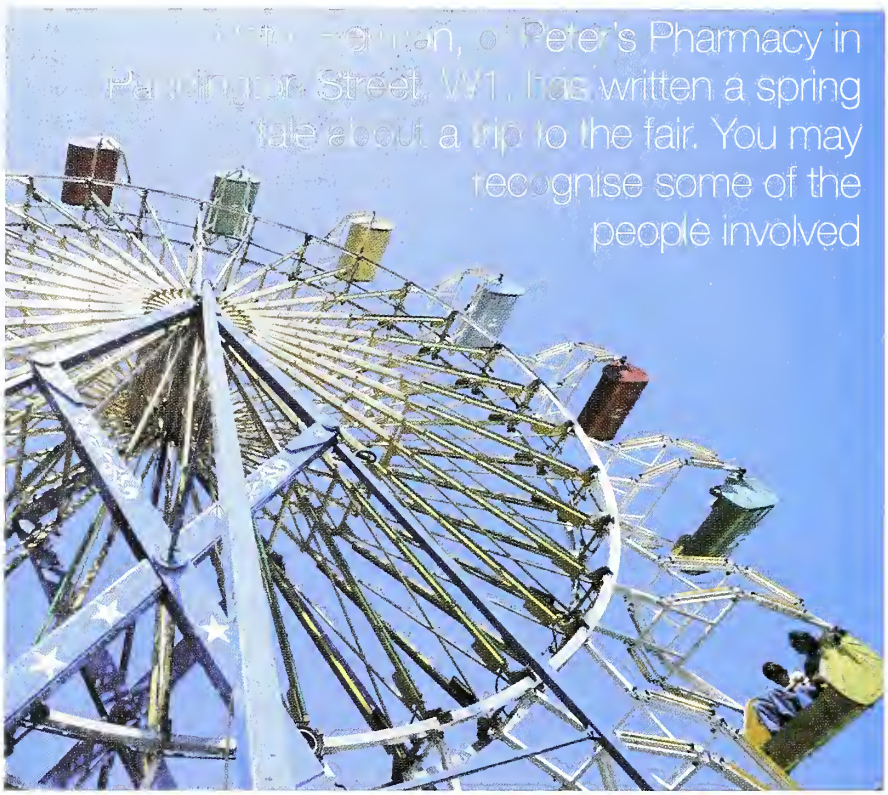
FREEPHONE
0800 526074
4 Months
Free of Charge Membership

R L Hindocha, BPharm.MRPharmS.FInstD
54/66 Silver Street
Whitwick
Leicestershire LE67 5ET

Enjoy the benefits from the UK's leading mainline wholesalers

UniChem AAH

All the fun of the fair



"Roll up! Roll up!" shouted Whitehall. "All the fun of the fair. Great rides, side-shows, lots of prizes, everyone's a winner." The Lady from Lambeth, who helped to run the fair, said nothing but nodded, smiling all the while.

Children Keith and Carol, young – but with an air of being wise beyond their years, were waiting for their friends, Paul, Sarah, Nicola and Charles. They soon arrived, full of enthusiasm with pockets bulging.

They trooped into the fair and immediately bought some candyfloss, but it was like a Health Minister's speech to a PSNC dinner: fluffy and superficially sweet but with no real substance.

Whitehall was astute and noted their disappointment. "Kids!" he cried, "meet Aylesbury and St Albans, they'll show you a good time." Encouraged, half the children went on the swings and half on the roundabouts. It seemed fun for a moment and most of the children enjoyed themselves, but Keith and Carol weren't impressed. "What's the matter with you two?" asked Aylesbury in a jocular tone.

"It just seems like a lot of huff and puff to get nowhere," replied Keith and Carol.

"Come along," said Aylesbury, "try the coconut shies." Taking it in turns, they each hit the same coconut with ever increasing force, yet it did not move. They grew suspicious and were just about to examine the fixing of the coconut when they were stopped by Aylesbury. "What's going on?" he cried. Keith and Carol said that they wanted to examine the coconut fixing. "Impossible!" said Aylesbury, "the PPA won't allow it." What is the PPA?" asked the children. "It's the Perpetual Pilot Authority. It writes the rules for this sideshow and it states that as long as it is experimental there are no prizes."

"But it's here every year – it can't still be experimental," said Keith and Carol. "That's why it's a Perpetual Pilot", said Aylesbury triumphantly. "Besides, if you look carefully, you'll see there are no prizes."

"Prizes! Prizes!" Aylesbury and St Albans shouted, from a sideshow with a row of dartboards. "Are there really prizes?" asked Keith and Carol doubtfully.

All the children lined up to have a go at the dartboards. There was a flurry of activity. "Amazing!" said Aylesbury. "Stupendous," agreed St Albans. "Never seen the like of it, everyone's on target. We must show this to Whitehall."

The children were so busy congratulating themselves for being on target, they didn't notice that the darts were drooping from the dartboards – the bull's eye had been hit so often that the holes were too large to hold the point of the dart. Finally, they realised what was happening and ran after St Albans and Aylesbury asking for their prizes.

"You've got to wait for Whitehall," they said. "He gives the prizes and he is waiting for the Lady from Lambeth. She wants to see this as well, but she's a bit slow."

Eventually, Whitehall reached the sideshow. The darts were just hanging in but, as he arrived, he slammed his hand down on the counter, causing the whole stand to shudder and every dart to fall out. Whitehall surveyed the scene, "Amazing!" he said.

The children brightened up, the smiles of the others seemed more like smirks. "Amazing!" he repeated, "not one on target."

"Don't be downhearted," cried Aylesbury, "there's a wonderful view from the top of the helter-skelter."

"Give it a try", encouraged St Albans. "Don't bother – it's a waste of time and money," said Keith and Carol.

Paul, Sarah, Nicola and Charles allowed themselves to be persuaded and up they went, negotiating the steep steps in the dark for what seemed like an age. Finally, they reached the top and were surprised to see Whitehall awaiting them. He grabbed each child in turn, put them on their mat and pushed them down the chute. They went down so quickly that their view was a blur and they landed in a heap in the mud at the bottom.

The children headed for the exit. Whitehall and the others were waiting for them. "You've misled us," cried the children. "How so?" said Whitehall. "You told us there would be great rides and everyone's a winner." "Well," Whitehall answered, "you've all been taken for a great ride and everyone's a winner but not everybody's a winner."

The children were still puzzling over this when the Lady from Lambeth spoke for the first time. "Try a CPD toffee apple," she said showing them a tray of delicious looking toffee apples. The children quickly forgot their misgivings and grabbed one each. Just as they were about to bite into them, the Lady from Lambeth said: "That will be sixpence each." Paul, Sarah, Nicola and Charles gasped: "We thought they were free".

"Oh, nothing's free," she said, smiling sweetly. "Have you met my dog, Sharp Lightening?"

The children spotted a large dog with very big teeth and a malevolent look. Chastened, the children kept quiet.

"Just so," said the Lady from Lambeth handing the money over to Whitehall. Paul, Sarah, Nicola and Charles bit into their apples and, predictably, the toffee coating was so thin that it had no taste, while the core was so rotten that they could only throw them away in disgust.

"Amazing how Lambeth helps Whitehall to get the last penny out of them," observed St Albans and Aylesbury.

Paul, Sarah, Nicola and Charles were embarrassed by their plight, and Keith and Carol gave them a "sub" to get home.

Meanwhile, Whitehall and the Lady from Lambeth went back to their palaces on the Thames, hoping that there will be new children to play along at the next fair, because even young children learn by experience. If not, there will always be community pharmacists!

Wyeth

Cambridge Counterpart
Pharmacy Assistant Development

The Original... just got better!

Counterpart has been improved and updated

The Cambridge Counterpart course, which has trained over 0,000 pharmacy assistants, has been re-designed and updated to make it even more relevant to oday's counter staff. It remains he easiest to use and best value raining course.

Its 14 distance learning modules re accredited by the College of harmacy Practice and enable ssistants to work professionally nd effectively on the medicines ounter.

Each new set of modules will be ent out in their own folder for torage and filing of coursework.

The continued success of Cambridge Counterpart is made possible by the ongoing support of Wyeth Consumer Healthcare.

How to register

Assistants should register for telephone marking and certification at a cost of £35.25. Each assistant also needs access to a training pack. A pack costs £23.50 and can be used by four assistants.

Just complete the application form below and post it to us with a cheque, or alternatively call with your credit card details.

Pharmacist

Pharmacy

Address

Post Code

Telephone

Fax

Course registration fee of £35.25 per person

Name £

Name £

Name £

Name £

Sub total £

Please include ( ) sets of modules at £23.50 each £

Total £

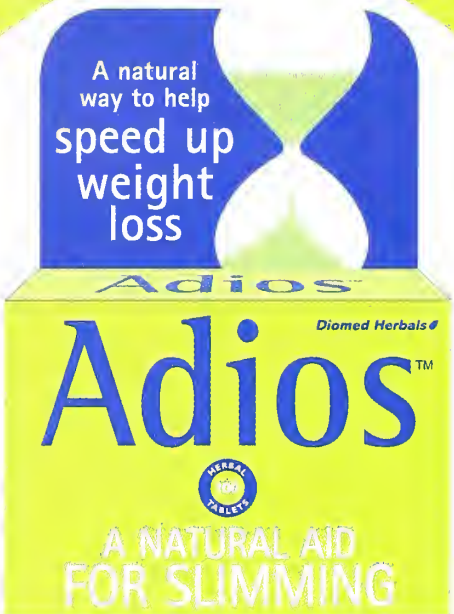
All prices include VAT

Post your completed form, with a cheque payable to CMP Information Ltd, to: Mary Prebble, Pharmacy Editorial Projects, Sovereign House, Sovereign Way, Tonbridge, Kent. TN9 1RW

For further information, or to make a credit card payment, contact Mary Prebble on 01732 377269

NATIONAL ADVERTISING CAMPAIGN

MAKE THEIR WEIGHT LOSS YOUR GAIN



fucus, boldo, butternut and dandelion root

Adios herbal tablets contain natural ingredients which act on the body's metabolism, to help speed up weight loss.

ADIOS Trademark and Product Licence held by Diomed Herbals, Hitchin, Herts, SG4 7QR, UK. Distributed by DDD Ltd, 94 Rickmansworth Road, Watford, Herts, WD18 7JJ, UK. **Directions:** Adults and elderly: Take one tablet three or four times a day at mealtimes, as part of a calorie controlled diet. **Indications:** A herbal remedy traditionally used as an aid to slimming. **Contra-indications:** Not to be taken by children under 16 years. Not to be used if allergic to any of the ingredients. Not to be used during pregnancy or lactation. Do not store above 25°C. **Legal Category:** GSL **Packs:** Adios (PL 17418/0005) - 100 tablets, RSP £9.95 (£8.47 exc. VAT).

A DIOMED PRODUCT
DENDRON